

1997 Health Care Survey of DoD Beneficiaries:

Summary Report on Catchment Areas for Region 2

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Executive Summary

The Health Care Survey of DoD Beneficiaries (HCSDB) is designed to answer the following five questions:

- How *satisfied* are DoD beneficiaries with their health care?
- How *accessible* is health care at military and civilian facilities?
- How *knowledgeable* are beneficiaries about TRICARE and TRICARE Prime, and what are the sources of information about TRICARE?
- What health care *services* do beneficiaries use, and what are the *sources* of those services?
- How much and what types of, *preventive health care* do beneficiaries use?

Conducted annually since 1995 and sponsored by the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)], the survey is conducted under the authority of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484). This report presents the key findings of the 1997 HCSDB for adults for catchment areas in Region 2. The findings are summarized below.

Satisfaction

- In Region 2, CTF patients (84 percent) were more likely than MTF patients (51 percent) to be satisfied with their care. Satisfaction with CTF care is greater than satisfaction with MTF care in every Region 2 catchment area.
- The percentage of patients satisfied with MTF care is lowest (46 to 48 percent) at Fort Bragg, NH Camp Lejeune, and NMC Portsmouth, and highest (61 to 63 percent) at NH Cherry Point and Langley AFB. The civilian benchmark for satisfaction with health care is 89 percent, according to the 1997 Household Survey developed by the Center for Studying Health System Change.
- In Region 2, satisfaction with civilian care (73 to 87 percent) is greater than satisfaction with military care (49 to 60 percent) among every type of beneficiary. This result also applies to most of the individual catchment areas in Region 2. At NH Cherry Point, however, active duty personnel are more satisfied with MTF care than with CTF care.
- Of the beneficiaries in Region 2 who reported being enrolled in TRICARE Prime, active duty beneficiaries (40 percent) are less likely than non-active duty beneficiaries (61 percent) to re-enroll in the next 12 months. Of the beneficiaries who were not enrolled in TRICARE Prime, those under age 65 (15 percent) are more likely than those age 65 or over (4 percent) to enroll in the next 12 months. These region-wide patterns also apply to most of the individual catchment areas in Region 2.
- In Region 2 overall, 47 percent of TRICARE Prime enrollees are satisfied with their care, regardless of whether they have a civilian or military PCM. In most individual catchment areas, satisfaction is higher among enrollees with a civilian PCM.

Access to Care

- Of the TRICARE Prime enrollees in Region 2 who used an ER in the past 12 months, non-active duty enrollees (22 percent) were more likely than active duty enrollees (15 percent) to report using the ER because they could not get an appointment with their usual health care provider. The percentage of active duty enrollees who used an ER because they could not get a regular appointment is lowest (8 percent) at NMC Portsmouth and highest (28 to 29 percent) at Langley AFB and Fort Eustis.
- In Region 2, TRICARE Prime enrollees (4 to 5 percent) are less likely than non-enrollees (9 to 10 percent) to wait more than 30 days for a routine care appointment. A 30-day wait is the TRICARE standard for a routine care appointment. In all catchment areas, fewer than 10 percent of TRICARE Prime enrollees waited more than 30 days for an appointment.
- In Region 2, MTF patients (41 to 42 percent) are more likely than CTF patients (16 percent) to experience long waits in a provider's office. The TRICARE standard for office waiting periods is 30 minutes. Long office waits at MTFs are most common at Fort Bragg. Long office waits at CTFs are most common at Fort Lee and outside of Region 2 catchment areas.
- In Region 2, 24 percent of patients reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility are the difficulty of making appointments at a MTF (34 percent), the higher quality of care at civilian facilities (30 percent), and the distance to a MTF (28 percent). At NH Camp Lejeune and Fort Lee, the most common reason for not using a MTF is that the services needed are not available. For people outside of a catchment area, distance is the most common barrier (69 percent).

Knowledge of TRICARE

- Thirty nine percent of beneficiaries in Region 2 reported having no knowledge of TRICARE. The percentage of beneficiaries with no knowledge of TRICARE is lowest (20 to 28 percent) at Langley AFB, Fort Eustis, and NMC Portsmouth. The percentage is highest (54 to 58 percent) at NH Camp Lejeune and among beneficiaries who live outside of a catchment area.
- In Region 2, retirees, survivors, and their family members (47 to 49 percent) were more likely than active duty personnel and their family members (31 to 38 percent) to have unclear information about enrolling in TRICARE Prime. The percentage of active duty personnel with unclear information is highest (55 to 66 percent) at Fort Bragg, Fort Lee, and outside of a Region 2 catchment areas.
- In Region 2, beneficiaries who reported knowing at least a little about TRICARE most frequently cited the following as sources of information about TRICARE: information packages mailed to beneficiaries (48 percent), a military base newspaper (33 percent), and friends and neighbors (29 percent). This result applies to many of the individual catchment areas in Region 2 as well. Other commonly cited sources of information in some catchment areas are a TRICARE presentation and a visit to the TRICARE service center.

Source of Care

- In Region 2, 9 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 36 percent of active duty family members; 37 percent of retirees, survivors, and family members under age 65; and 52 percent of retirees, survivors, and family members age 65 or over. The percentage of beneficiaries using a military pharmacy to fill a civilian prescription is highest at Seymour Johnson AFB and Fort Lee.
- In Region 2, 93 percent of active duty personnel use a MTF for their regular source of care, as do 70 percent of active duty family members. In contrast, this is true for only 32 percent of retirees and their family members under age 65, and 18 percent of retirees and their family members age 65 or over. The majority of these beneficiaries use a CTF instead. This pattern also appears in most catchment areas in Region 2.

Use of Care

- The percentage of MTF patients with six or more outpatient visits was highest at Fort Bragg and NH Camp Lejeune, and lowest at Langley AFB and outside of Region 2 catchment areas. The percentage of CTF patients with six or more outpatient visits was highest outside of Region 2 catchment areas and lowest at Seymour Johnson AFB.
- The percentage of MTF patients with no outpatient visits was highest outside of Region 2 catchment areas and lowest at NH Camp Lejeune. The percentage of CTF patients with no outpatient visits was highest at Fort Lee, and lowest at Fort Eustis and outside of Region 2 catchment areas.

Preventive Care

- Nearly all MHS beneficiaries (95 to 97 percent) had a blood pressure screening in the past two years, as did 95 to 97 percent of beneficiaries in Region 2. Both results exceed the civilian Healthy People 2000 goal of 90 percent. In every catchment area of Region 2, more than 90 percent of each type of beneficiary had a blood pressure screening in the past two years.
- In Region 2, beneficiaries enrolled in TRICARE Prime (65 to 77 percent) were less likely than non-enrollees (78 to 93 percent) to have had a cholesterol screening in the past five years. The Healthy People 2000 goal for adults is 75 percent. The percentage of active duty enrollees who had a cholesterol screening in the past five years is lowest (54 percent) at NH Cherry Point and highest (84 to 86 percent) at Fort Bragg, Fort Eustis and Fort Lee.
- In Region 2, 85 percent of female beneficiaries age 50 or over had a breast cancer screening in the past two years. This result exceeds the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent. The percentage of female beneficiaries age 50 or over who had a breast cancer screening in the past two years ranges from 78 percent at NH Camp Lejeune to 90 percent at NH Cherry Point.
- In Region 2, female beneficiaries age 65 or over who were not enrolled in TRICARE Prime (80 percent) were less likely than other types of beneficiaries (90 to 93 percent) to have had a Pap smear in the past three years. All of these results exceed the Healthy People 2000 goal for adults (75 percent) and the civilian benchmark of 56 percent.
- Eighty percent of the female beneficiaries in Region 2 who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result is lower than the Healthy People 2000 goal of 90 percent, but comparable with the 76 to 84 percent observed in the civilian sector.
- In Region 2, between 56 and 83 percent of male beneficiaries age 50 or over had a prostate screening in the past two years. The American Cancer Society recommends an annual prostate exam for men age 50 or over.

Enrollment and Beneficiary Health Status

- Of the beneficiaries in Region 2 who reported knowing at least a little about TRICARE, 32 percent are enrolled in TRICARE Prime. The level of enrollment in TRICARE Prime is highest (44 to 51 percent) at Langley AFB, Fort Eustis and NMC Portsmouth. In all other catchment areas, the level of enrollment in TRICARE Prime is less than 20 percent.
- In Region 2, between 44 and 55 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. The result of 44 percent among active duty beneficiaries indicates that this group is somewhat healthier than civilians of the same age. Active duty enrollees at Fort Bragg and Fort Eustis tend to be less healthy than the average active duty enrollee in Region 2, while those at NH Camp Lejeune and NMC Portsmouth tend to be healthier than the average active duty enrollee.

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Chapter

1

Introduction

The Health Care Survey of DoD Beneficiaries (HCSDB) is a survey of a large, randomly selected and representative sample of U.S. Department of Defense (DoD) health care beneficiaries. Conducted annually since 1995 and sponsored by the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)], the survey is conducted under the authority of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484).

This document is one of a series of reports on the 1997 HCSDB. This chapter outlines the basic framework of the survey, how to use its findings, and findings of note.

Research Questions

The HCSDB is designed to answer the following five questions:

- How *satisfied* are DoD beneficiaries with their health care?
- How *accessible* is health care at military and civilian facilities?
- How *knowledgeable* are beneficiaries about TRICARE and TRICARE Prime, and what are the sources of information about TRICARE?
- What health care *services* do beneficiaries use, and what are the *sources* of those services?
- How much, and what types of, *preventive health care* do beneficiaries use?

This report presents the key findings of the 1997 HCSDB for adults for catchment areas in Region 2. Lead Agents are encouraged to share the findings with their staff members and each officer responsible for a catchment area in their region. The report is designed to provide relevant information to Lead Agents and medical treatment facility (MTF) commanders to inform their management of issues affecting the military health care system and its facilities.

Reports in the Series

This report is the second in a series of three companion reports for Region 2, which include the following:

- **The 1997 Health Care Survey of DoD Beneficiaries: Key Findings for Region 2.** This report summarizes the key findings for the region. Together with complementary reports on the other 12 TRICARE regions, it serves as an executive summary of the entire study. Each of the 13 reports provides a brief overview of the purpose, background, and methodology of the survey; suggestions on how to use the survey findings; and data exhibits and summaries of findings for each of the five principal research questions listed on page 1.
- **The 1997 Health Care Survey of DoD Beneficiaries: Summary Report on Catchment Areas for Region 2.** This report presents key survey results for each catchment area in the region. The report also contains an executive summary of the purpose and methodology of the survey.
- **The 1997 Health Care Survey of DoD Beneficiaries: Technical Regional Report for Region 2.** This report has three functions. First, it presents a complete and detailed documentation of the survey methodology and is to be used as a reference. Second, it presents a complete set of survey results for the region. Third, it presents key survey results for each catchment area in the region.

Background

Title VII, Subtitle C, of the National Defense Authorization Act for Fiscal Year 1993 directs the U.S. Secretary of Defense to conduct an annual survey of DoD beneficiaries to assess their knowledge and use of the military health care system (MHS) as well as their satisfaction with the system's accessibility and quality of care. In 1993, DoD assigned responsibility for the survey to OASD(HA), which designed the survey in 1994 and sponsored its administration in 1995, 1996, and 1997. Following the 1995 and 1996 surveys, OASD(HA) provided a regional report on the survey findings to each Lead Agent.

In the summer of 1997, OASD(HA) sponsored a re-evaluation of these regional reports. United HealthCare performed the assessment, interviewing several Lead Agents and their staff members and making recommendations to OASD(HA) for future reports. The reports in this 1997 series are based on those recommendations.

How to Interpret the Survey Findings

Focusing on the research questions underlying the HCSDB is the best way to understand and make use of the survey findings. Those questions, outlined on page 1, reflect two sets of variables.

The first set of variables comprises the *outcome* (or dependent) *variables*. These include answers to survey questions on beneficiaries' satisfaction with their health care, barriers to accessing care, knowledge of TRICARE, use of health care and preventive services, and sources of health care.

The second set of variables comprises the *explanatory* (or independent) *variables*, which may help explain differences in one or more of the outcome variables listed above. Exhibit 2.1 in Chapter 2, for example, presents findings on beneficiaries who reported being satisfied with their health care in each catchment area in Region 2. The exhibit addresses the question: "How does the satisfaction of beneficiaries (the outcome variable) differ across catchment areas (the explanatory variables)?" In other words, does the location of beneficiaries in a particular catchment area appear to affect their level of satisfaction?

Throughout the regional and catchment area reports in this series, all exhibits display the outcome variable on the vertical axis (the Y-axis) and the explanatory variables on the horizontal axis (the X-axis). For example, in Exhibit 2.1, the height of a given bar represents the average percentage of beneficiaries who reported being satisfied with their health care in the catchment area indicated on the horizontal axis.

It is important to recognize that the results of any survey are not strictly precise. The statistics presented in this report are *estimates* of the true answers to the research questions, both because the survey is based on a sample, rather than on a census of the entire population in the Defense Enrollment Eligibility Reporting System (DEERS), and because some of the people surveyed chose not to respond. The survey design does, however, allow us to evaluate how precise the estimates are.

The margin of error for estimates based on all beneficiaries or all patients in Region 2 is about 2 percentage points. The margin of error for estimates based on TRICARE Prime enrollees in Region 2 is less than 5 percentage points. The margin of error for estimates based on all beneficiaries or patients in a single catchment area is roughly 5 to 8 percentage points. Estimates based on smaller subgroups, such as pregnant women, may be considerably less precise. The *Technical Report on Region 2* in this series presents a more detailed discussion of these issues, such as standard errors, weighting of the completed questionnaire, and adjusting the data to account for non-respondents.

Methodology

In September 1997, the Defense Manpower Data Center (DMDC) drew a random sample of DoD beneficiaries from the DEERS database that is representative of all persons in the system as of July 14, 1997. DEERS includes all persons eligible for a MHS benefit: personnel activated for more than 30 days in the Army, Air Force, Navy, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, National Oceanic and Atmospheric Administration, and National Guard or Reserve, as well as other special categories of people who qualify for health benefits. DEERS covers active duty personnel and their families as well as retirees and their family members.

In November and December 1997, Data Recognition Corporation mailed the survey questionnaire to 156,388 adults and 30,253 parents of sampled beneficiaries under age 18. Of the adult questionnaires, 78,857 were completed and returned by the due date of March 31, 1998, for a response rate of 50.8 percent. Of the child questionnaires, 14,293 were completed and returned by the due date, for a response rate of 47.4 percent.

Both the adult questionnaire (Form A) and the child questionnaire (Form C) include a variety of survey questions designed to answer the five research questions listed on page 1, although the child questionnaire covers them in somewhat less detail. The Form A survey questionnaire may be found in Appendix E of the Technical Regional Report.

The sample for Region 2 included 9,796 adults and 2,554 parents of sampled children. Of the adults, 5,049 returned completed questionnaires by the due date, for a response rate of 52.5 percent; 1,176 parents of sampled children did the same, for a response rate of 46.5 percent.

To ensure that the survey results would be representative of the DEERS population, Mathematica Policy Research, Inc. (MPR) adjusted the data to reflect the characteristics of the initial sample and to correct for the sampled individuals who chose not to respond to the survey. The data in this report are therefore estimated to be representative of the population of persons eligible for military health care in Region 2. The survey methodology and analysis are described in detail in "The 1997 Health Care Survey of DoD Beneficiaries (HCSDB): Technical Manual".

The HCSDB in Context with Other Data Sources

The HCSDB, one of several DoD health surveys, is unique in that it provides information that is unavailable from any other DoD health survey. Specifically, the HCSDB is the only survey covering the topics listed on page 1 for *all* DoD beneficiaries. The other DoD health surveys represent only a portion of the beneficiary population. Thus, the HCSDB is the only source of information on these topics for the entire population a Lead Agent or a MTF commander is charged with.

The following summary shows how the HCSDB differs from other DoD data sources:

- **Health Enrollment Assessment Review (HEAR).** The health status findings of the HCSDB are not comparable to those of the HEAR because the surveys represent different populations. The HCSDB represents all MHS beneficiaries as of a single date, July 14, 1997, and their survey responses between December 1997 and March 1998 (for the 1997 HCSDB). In contrast, the HEAR represents those who enrolled in TRICARE during the previous year; the results are considered a part of the patient's medical record as a managed care tool, and are seldom accessible for making generalizations.

New enrollees do not, in general, have the same health status or other characteristics as the population of all beneficiaries. For example, new enrollees are younger, on average, than other beneficiaries, and their health status is therefore different from that of older beneficiaries.

- **MTF Customer Satisfaction Survey.** The HCSDB results on satisfaction are not comparable to the results of the Customer Satisfaction Survey, again because the two surveys represent different populations. The HCSDB results represent the satisfaction of all DoD beneficiaries regardless of the source of care, whereas the Customer Satisfaction Survey results represent the satisfaction of patients, that is, those who visit a MTF or other military clinic. Moreover, the Customer Satisfaction Survey queries its sample members immediately following the person's visits to the MTF or clinic and asks about that specific visit. The results will be significantly different if an individual is generalizing their satisfaction over an extended period, as in the HCSDB, as compared to focusing on a specific visit.
- **Survey of Health-Related Behaviors among Military Personnel (SHRBMP).** The preventive care results of the HCSDB are not comparable to those of the SHRBMP because the two surveys represent different populations. While the HCSDB results represent the preventive care of all DoD beneficiaries, the SHRBMP results represents only active duty personnel. The SHRBMP focuses on specific behaviors that put the active duty member or his family at risk of illness or injury. Further, the HCSDB is annual, while the SHRBMP is fielded once every 18 months to three years.
- **MHS Performance Report Card.** Although several performance measures in the MHS Performance Report Card appear to be the same as certain HSCDB measures, comparing the findings of these two surveys is not meaningful for two reasons. First, the Report Card represents an individual MTF, while the HSCDB represents all beneficiaries in a geographic area such as a region or a catchment area. Second, the Report Card presents secondary data; that is, it reconfigures data from other sources of health care information. Specifically, performance measures that appear to be the same as ones in the HSCDB are, in fact, based on HSCDB data. Other performance measures are based on MTF Customer Satisfaction Survey data or on Standardized Inpatient Data Records.

The Findings in Context with a National Civilian Benchmark

Exhibit 2.1 in the next chapter compares the percentage of DoD beneficiaries who are satisfied with their health care with a national benchmark of civilian satisfaction. The national civilian benchmark is based on the 1997 Household Survey conducted by the Center for Studying Health System Change in Washington, D.C. The Center is a not-for-profit research organization funded by the Robert Wood Johnson Foundation in Princeton, New Jersey. The Household Survey collected data on satisfaction with health care in 1997 from approximately 1,300 families in 60 sites nationally. Satisfaction measures included overall health care, choice of providers, technical quality of care received at last visit, and provider-patient communication.

Preventive Care Standards

Chapter 7 examines the use of preventive care, such as routine physicals and mammography. Beneficiaries' actual use of preventive care is compared to civilian standards, which represent desired goals of preventive care use in the civilian sector. Beneficiaries' actual use of preventive care is also compared to civilian benchmarks, which represent actual preventive care use among civilians.

Most of the civilian standards are based on Healthy People 2000 preventive care goals. The American Cancer Society guideline is used for prostate screening because no standard is given in Healthy People 2000. Civilian benchmarks are based on data published by the National Center for Quality Assurance and the National Center for Health Statistics.

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Chapter

2

Satisfaction with TRICARE and TRICARE Prime

This chapter is designed to answer the question, “How *satisfied* are (DoD) beneficiaries with their health care?” The HCSDB measures satisfaction by asking beneficiaries to rate their military care overall, their civilian care overall, and specific aspects of each type of care using a 5-point scale. For most of the questions, the scale ranges from *excellent* to *poor*. For a few questions, the beneficiary is asked whether or not he or she agrees with a statement about health care. The scale for those questions ranges from *strongly agree* to *strongly disagree*.

The key findings about satisfaction are presented below. A Performance Improvement Plan for each catchment area in Region 2, based on these findings, is included in Chapter 9.

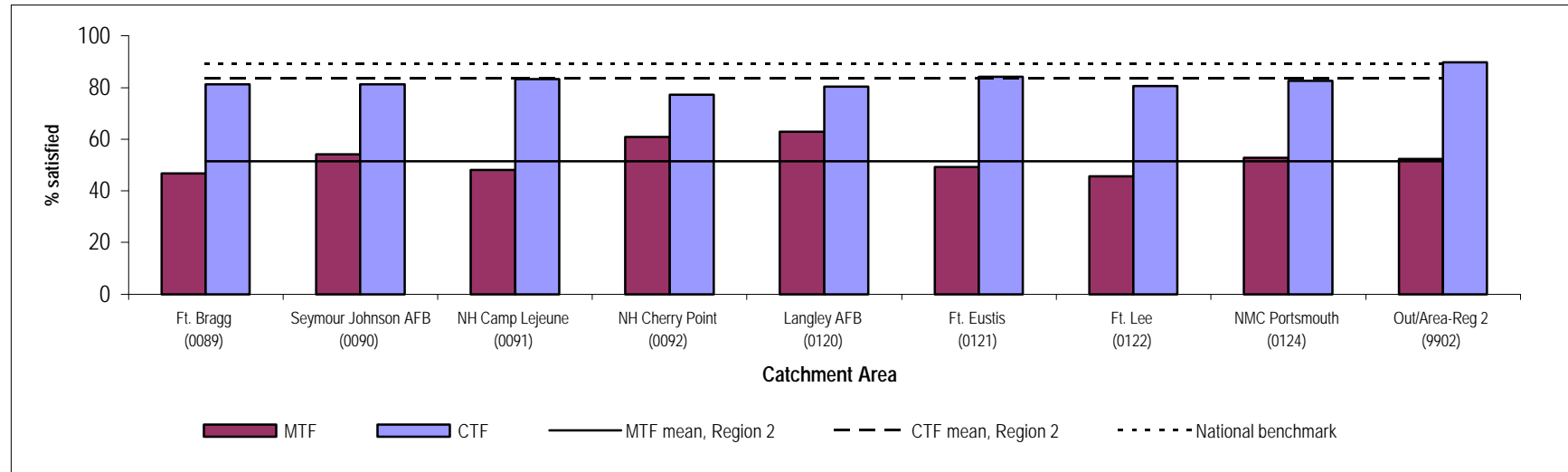
All Beneficiaries Who Received Care in the Past 12 Months

- In Region 2, CTF patients (84 percent) were more likely than MTF patients (51 percent) to be satisfied with their care. Satisfaction with CTF care is greater than satisfaction with MTF care in every Region 2 catchment area.
- The percentage of patients satisfied with MTF care is lowest (46 to 48 percent) at Fort Lee, Fort Bragg, and NH Camp Lejeune, and highest (61 to 63 percent) at NH Cherry Point and Langley AFB. The civilian benchmark for satisfaction with health care is 89 percent, according to the 1997 Household Survey developed by the Center for Studying Health System Change.
- In Region 2, satisfaction with civilian care (73 to 87 percent) is greater than satisfaction with military care (49 to 60 percent) among every type of beneficiary. This result also applies to most of the individual catchment areas in Region 2. At NH Cherry Point, however, active duty personnel are more satisfied with MTF care than with CTF care.

Enrolled Beneficiaries

- Of the beneficiaries in Region 2 who reported being enrolled in TRICARE Prime, active duty beneficiaries (40 percent) are less likely than non-active duty beneficiaries (61 percent) to re-enroll in the next 12 months. Of the beneficiaries who were not enrolled in TRICARE Prime, those under age 65 (15 percent) are more likely than those age 65 or over (4 percent) to enroll in the next 12 months. These region-wide patterns also apply to most of the individual catchment areas in Region 2.
- In Region 2 overall, 47 percent of TRICARE Prime enrollees are satisfied with their care, regardless of whether they have a civilian or military PCM. In most individual catchment areas, satisfaction is higher among enrollees with a civilian PCM.

2.1 Patients Satisfied with the Care They Received at a Military (MTF) or Civilian (CTF) Treatment Facility, by Catchment Area and Compared to a National Civilian Benchmark



Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 4,820

Vertical axis:

The percent of the sample who "strongly agree" or "agree" they are satisfied with the care they received

Survey questions: 51a and 66a

What the exhibit shows:

- How satisfaction with care varies across catchment areas in Region 2
- How satisfaction at MTFs compares to that at CTFs
- How MHS satisfaction rates compare to a national benchmark for civilians' satisfaction

Findings:

Beneficiaries who received some care at a MTF or CTF or both during the 12 months preceding the survey are referred to as patients throughout this report. In Region 2, CTF patients (84 percent) were more likely than MTF patients (51 percent) to be satisfied with their care. The civilian benchmark for satisfaction with health care is 89 percent, according to the 1997 Household Survey developed by the Center for Studying Health System Change.

Satisfaction with CTF care is greater than satisfaction with MTF care in all Region 2 catchment areas. The percentage of patients satisfied with MTF care is lowest (46 to 48 percent) at Fort Lee, Fort Bragg, and NH Camp Lejeune, and highest (61 to 63 percent) at NH Cherry Point and Langley AFB. The percentage of patients satisfied with CTF care varies little across catchment areas, ranging from 77 percent at NH Cherry Point to 84 percent at Ft. Eustis.

2.2 Percent of Patients Satisfied with the Military or Civilian Care They Received in Each Catchment Area, by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary							
		Active Duty Personnel		Active Duty Family Members		Retirees, Survivors, and Family Under Age 65		Retirees, Survivors, and Family Age 65 or Over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
Ft. Bragg (0089)	102,720	45.9	64.7	40.4	86.2	51.6	83.9	64.3	81.4
Seymour Johnson AFB (0090)	19,326	54.3	60.3	41.3	90.0	57.8	80.7	65.8	84.1
NH Camp Lejeune (0091)	60,636	46.2	73.1	47.5	87.1	52.5	85.3	65.9	86.3
NH Cherry Point (0092)	23,724	53.3	49.6	66.4	83.3	70.3	88.1	78.4	86.1
Langley AFB (0120)	35,450	66.8	71.9	60.7	71.5	58.9	82.7	71.7	82.7
Ft. Eustis (0121)	30,799	52.4	70.6	45.5	68.3	46.0	91.0	58.5	86.1
Ft. Lee (0122)	17,707	38.9	66.7	51.9	82.3	51.7	83.3	45.4	81.3
NMC Portsmouth (0124)	182,550	52.1	78.3	50.8	81.1	55.3	85.0	59.6	84.7
Out/Area-Reg 2 (9902)	88,914	50.4	79.2	58.6	75.3	52.9	91.0	50.5	91.1
Region 2 Overall	561,826	49.9	72.7	48.8	81.8	54.3	86.7	60.2	86.7
MHS Average	5,539,478	57.1	74.4	55.8	80.6	61.5	83.3	63.1	85.1

Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 4,820

Survey questions: 51a and 66a

What the exhibit shows:

- Whether some patients are more satisfied with their care than others
- Whether satisfaction varies by type of facility
- How findings vary across catchment areas

Findings:

Satisfaction with civilian care in Region 2 is greater than satisfaction with military care among every type of beneficiary. Between 49 and 60 percent of beneficiaries are satisfied with MTF care, compared with 73 to 87 percent who are satisfied with CTF care. Active duty personnel and their family members are generally less satisfied with MTF care than are retirees, survivors, and their family members.

In nearly all catchment areas in Region 2, every type of beneficiary is more satisfied with CTF care than with MTF care. At NH Cherry Point, however, active duty personnel are more satisfied with MTF care than with CTF care. Note that in many catchment areas, the sample of active duty CTF patients is too small to yield accurate estimates of satisfaction.

2.3a Percent of Beneficiaries Likely to Enroll or Re-enroll in TRICARE Prime in Each Catchment Area, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Ft. Bragg (0089)	65,153	34.5	45.1	22.8	6.5
Seymour Johnson AFB (0090)	11,585	50.6	47.4	21.1	2.9
NH Camp Lejeune (0091)	29,623	24.5	32.4	27.3	11.0
NH Cherry Point (0092)	13,884	28.3	36.5	21.2	2.6
Langley AFB (0120)	29,982	60.5	80.8	13.7	3.3
Ft. Eustis (0121)	24,356	56.3	69.0	11.4	0.0
Ft. Lee (0122)	9,759	36.4	50.8	22.9	3.0
NMC Portsmouth (0124)	144,424	42.3	70.8	5.9	7.7
Out/Area-Reg 2 (9902)	39,762	43.1	16.7	18.4	0.0
Region 2 Overall	368,528	39.9	61.4	15.0	3.9
MHS Average	3,803,675	51.4	69.4	16.8	4.5

Population:

Beneficiaries reporting knowing at least a little about TRICARE

Sample size: 2,790

Survey question: 83

What the exhibit shows:

- Whether beneficiaries are likely to enroll or re-enroll in TRICARE Prime
- How that likelihood varies by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

Of the beneficiaries in Region 2 who reported being enrolled in TRICARE Prime, active duty beneficiaries (40 percent) are less likely than non-active duty beneficiaries (61 percent) to re-enroll in the next 12 months. Of the beneficiaries in Region 2 who were not enrolled in TRICARE Prime but reported knowing at least a little about TRICARE, those under age 65 (15 percent) are more likely than those age 65 or over (4 percent) to enroll in the next 12 months.

These region-wide patterns also apply to most of the individual catchment areas in Region 2. The percentage of active-duty enrollees who plan to re-enroll is highest (51 to 61 percent) at Seymour Johnson AFB, Fort Eustis and Langley AFB.

2.3b Percent of Beneficiaries Unlikely to Enroll or Re-enroll in TRICARE Prime in Each Catchment Area, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Ft. Bragg (0089)	65,153	16.5	15.3	41.6	63.7
Seymour Johnson AFB (0090)	11,585	18.6	25.2	38.7	74.3
NH Camp Lejeune (0091)	29,623	23.7	22.0	36.7	62.0
NH Cherry Point (0092)	13,884	32.0	19.5	44.9	55.2
Langley AFB (0120)	29,982	19.3	12.7	66.3	83.9
Ft. Eustis (0121)	24,356	24.7	18.8	71.2	83.6
Ft. Lee (0122)	9,759	35.4	9.5	35.0	85.9
NMC Portsmouth (0124)	144,424	39.3	20.1	76.7	81.9
Out/Area-Reg 2 (9902)	39,762	25.0	48.1	51.5	75.0
Region 2 Overall	368,528	29.7	19.5	58.6	76.5
MHS Average	3,803,675	25.4	17.2	58.6	77.6

Population:

Beneficiaries reporting knowing at least a little about TRICARE

Sample size: 2,790

Survey question: 83

What the exhibit shows:

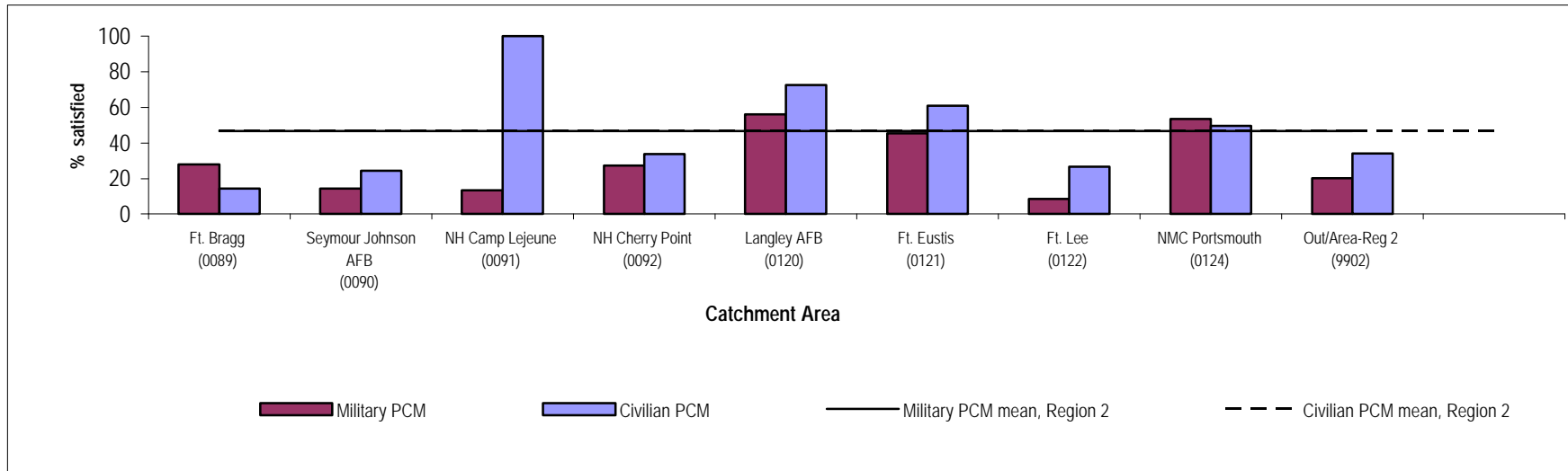
- Whether beneficiaries are likely to enroll or re-enroll in TRICARE Prime
- How that likelihood varies by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

Of the active duty beneficiaries in Region 2 who reported being enrolled in TRICARE Prime, 30 percent do not plan to re-enroll in the next 12 months. This result is surprising, as active duty personnel are required to enroll in TRICARE Prime.

The percentage of active duty enrollees who do not plan to re-enroll is highest (32 to 39 percent) at NH Cherry point, Fort Lee, NMC Portsmouth.

2.4 TRICARE Prime Enrollees Satisfied with Their Care in Each Catchment Area, by Type of Primary Care Manager



Population:

Beneficiaries enrolled in TRICARE Prime

Sample size: 1,473

Vertical axis:

The percent of the sample reporting they either "strongly agree" or "agree" they are satisfied with the health care they receive under TRICARE Prime

Survey questions: 79 and 82a

What the exhibit shows:

- Whether enrollees' satisfaction with TRICARE Prime varies by type of PCM
- How findings vary across catchment areas

Findings:

In Region 2 overall, 47 percent of TRICARE Prime enrollees are satisfied with their care, regardless of whether they have a civilian or military PCM. In most individual catchment areas, satisfaction is higher among enrollees with a civilian PCM. Note, though, that the sample of TRICARE Prime enrollees is too small to yield accurate estimates for most catchment areas.

Chapter

3

Access to Health Care

This chapter is designed to address the question, “How *accessible* is health care at military and civilian facilities to DoD beneficiaries?” Indicators of accessibility include:

- The number of beneficiaries who used an emergency room in lieu of their usual source of care because the facility they typically use was not available
- The number of days between calling to make an appointment and the appointment itself
- The length of office waits
- The reasons beneficiaries choose not to use military care are furnished to indicate areas for improvement.

The key findings are:

- Of the TRICARE Prime enrollees in Region 2 who used an ER in the past 12 months, non-active duty enrollees (22 percent) were more likely than active duty enrollees (15 percent) to report using the ER because they could not get an appointment with their usual health care provider. The percentage of active duty enrollees who used an ER because they could not get a regular appointment is lowest (8 percent) at NMC Portsmouth and highest (28 to 29 percent) at Langley AFB and Fort Eustis.
- In Region 2, TRICARE Prime enrollees (4 to 5 percent) are less likely than non-enrollees (9 to 10 percent) to wait more than 30 days for a routine care appointment. A 30-day wait is the TRICARE standard for a routine care appointment. In all catchment areas, fewer than 10 percent of TRICARE Prime enrollees waited more than 30 days for an appointment.
- In Region 2, MTF patients (41 to 42 percent) are more likely than CTF patients (16 percent) to experience long waits in a provider's office. The TRICARE standard for office waiting periods is 30 minutes. Long office waits at MTFs are most common at Fort Bragg. Long office waits at CTFs are most common at Fort Lee and outside of Region 2 catchment areas.
- In Region 2, 24 percent of patients reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility are the difficulty of making appointments at a MTF (34 percent), the higher quality of care at civilian facilities (30 percent), and the distance to a MTF (28 percent). At NH Camp Lejeune and Fort Lee, the most common reason for not using a MTF is that the services needed are not available. For people outside of a catchment area, distance is the most common barrier (69 percent).

3.1 Percent of Beneficiaries Who Used an Emergency Room in Lieu of a Regular Appointment in Each Catchment Area, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Ft. Bragg (0089)	47,699	22.0	23.7	17.8	8.5
Seymour Johnson AFB (0090)	7,874	16.5	28.5	15.2	18.2
NH Camp Lejeune (0091)	21,853	15.0	15.1	11.8	10.6
NH Cherry Point (0092)	10,088	11.8	9.8	12.6	7.3
Langley AFB (0120)	16,817	28.0	26.4	20.2	18.0
Ft. Eustis (0121)	13,938	29.0	20.4	16.5	15.5
Ft. Lee (0122)	7,455	0.0	25.8	23.6	14.4
NMC Portsmouth (0124)	76,932	7.8	26.6	19.1	11.3
Out/Area-Reg 2 (9902)	39,831	12.8	8.0	8.9	15.2
Region 2 Overall	242,487	14.8	22.4	15.5	13.3
MHS Average	2,476,397	17.8	21.6	16.2	12.6

Population:

All beneficiaries who reported using an ER in the past 12 months

Sample size: 2,173

Survey question: 33

What the exhibit shows:

- Whether beneficiaries have used an ER because they could not obtain an appointment from their usual provider
- How such ER use varies by enrollment status and type of enrollee
- How the findings vary across catchment areas

Findings:

Of the TRICARE Prime enrollees in Region 2 who used an ER in the past 12 months, non-active duty enrollees (22 percent) were more likely than active duty enrollees (15 percent) to report using the ER because they could not get an appointment with their usual health care provider. About 15 percent of non-enrollees resorted to ER use because they could not get a regular appointment.

The percentage of active duty enrollees who used an ER because they could not get a regular appointment is lowest (8 percent) at NMC Portsmouth and highest (28 to 29 percent) at Langley AFB and Fort Eustis. The sample of active duty enrollees who used an ER at Fort Lee is too small to yield an accurate estimate.

3.2 Percent of Patients Who Waited More Than 30 Days to Get an Appointment for Routine Care in Each Catchment Area, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
Ft. Bragg (0089)	102,720	5.7	5.5	9.7	10.9
Seymour Johnson AFB (0090)	19,326	6.8	9.1	11.3	10.3
NH Camp Lejeune (0091)	60,636	1.5	0.2	0.8	6.9
NH Cherry Point (0092)	23,724	3.8	1.1	6.0	10.5
Langley AFB (0120)	35,450	4.4	5.8	10.5	3.7
Ft. Eustis (0121)	30,799	3.7	4.0	14.8	5.9
Ft. Lee (0122)	17,707	1.6	3.5	13.2	8.9
NMC Portsmouth (0124)	182,550	6.2	2.5	10.1	2.7
Out/Area-Reg 2 (9902)	88,914	13.1	12.1	24.3	14.1
Region 2 Overall	561,826	5.0	4.1	10.3	8.7
MHS Average	5,539,478	5.7	5.1	12.8	9.0

Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 4,820

Survey questions: 50a and 65a

What the exhibit shows:

- How waiting periods to get an appointment for routine care at MTFs compare to those at CTFs
- Whether waiting periods vary by enrollment status in TRICARE Prime
- How findings vary across catchment areas

Findings:

In Region 2, TRICARE Prime enrollees (4 to 5 percent) are less likely than non-enrollees (9 to 10 percent) to wait more than 30 days for a routine care appointment. A 30-day wait is the TRICARE standard for a routine care appointment.

In all catchment areas, fewer than 10 percent of TRICARE Prime enrollees waited more than 30 days for an appointment. Outside of Region 2 catchment areas, the incidence of long waits was high among all types of beneficiaries.

3.3 Percent of Patients Who Waited More Than 30 Minutes in a Provider's Office in Each Catchment Area, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
Ft. Bragg (0089)	102,720	50.3	12.0	49.0	17.5
Seymour Johnson AFB (0090)	19,326	24.9	16.0	21.9	21.1
NH Camp Lejeune (0091)	60,636	31.6	19.7	48.6	13.1
NH Cherry Point (0092)	23,724	43.2	7.7	29.8	17.8
Langley AFB (0120)	35,450	21.0	12.5	51.0	8.6
Ft. Eustis (0121)	30,799	38.9	16.6	38.4	9.1
Ft. Lee (0122)	17,707	37.9	18.8	37.3	24.1
NMC Portsmouth (0124)	182,550	43.9	16.3	42.6	13.1
Out/Area-Reg 2 (9902)	88,914	29.0	22.0	32.8	20.1
Region 2 Overall	561,826	40.5	15.8	41.9	16.2
MHS Average	5,539,478	32.1	17.3	32.7	16.1

Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 4,820

Survey questions: 48 and 63

What the exhibit shows:

- How office waiting periods at MTFs compare to those at CTFs
- How waiting periods vary by enrollment status in TRICARE Prime
- How findings vary across catchment areas

Findings:

In Region 2, MTF patients (41 to 42 percent) are more likely than CTF patients (16 percent) to experience long waits in a provider's office. The TRICARE standard for office waiting periods is 30 minutes.

Long office waits at MTFs are most common at Fort Bragg. Long office waits at CTFs are most common at Fort Lee and outside of Region 2 catchment areas.

3.4 Percent of Patients Reporting Selected Reasons for Not Relying on a Military Facility for Most of Their Care, by Catchment Area

Catchment Area	Population	Reasons Reported											
		Never try to use MTF	No care needed in past 12 months	MTF is too far away	Hard to get an appointment at MTF	Can't see the same provider each visit	MTF usually used is closed	Needed services not available	Better care at civilian provider	Ineligible for military care	No appt. avail. for beneficiary like me	Difficult to find a parking space	Other
Ft. Bragg (0089)	42,236	14.3	13.8	6.5	35.2	22.2	1.7	21.7	31.8	1.9	14.4	3.4	19.4
Seymour Johnson AFB (0090)	11,200	16.7	13.9	17.9	47.7	23.0	3.6	29.7	28.5	4.1	17.3	3.7	16.7
NH Camp Lejeune (0091)	17,099	16.3	21.2	9.7	16.8	20.4	0.1	35.9	29.2	3.6	9.9	1.4	16.9
NH Cherry Point (0092)	8,045	20.7	12.5	14.5	19.8	23.9	0.0	20.1	30.6	7.3	7.4	0.5	23.6
Langley AFB (0120)	17,265	21.0	12.8	8.6	43.9	20.1	0.0	11.8	26.5	8.9	24.8	0.8	16.6
Ft. Eustis (0121)	18,444	22.5	13.5	14.0	43.2	28.4	0.1	15.5	38.0	6.7	20.7	2.7	19.4
Ft. Lee (0122)	9,967	14.0	11.1	12.2	34.4	27.8	13.6	40.0	37.3	2.8	13.3	1.2	19.1
NMC Portsmouth (0124)	93,722	25.9	12.9	11.6	47.1	32.3	1.0	11.8	40.5	5.6	14.9	6.1	25.1
Out/Area-Reg 2 (9902)	88,702	32.3	9.5	69.1	18.3	9.9	2.4	7.0	15.8	5.3	7.7	1.1	10.9
Region 2 Overall	306,681	24.3	12.5	27.7	33.9	22.1	1.8	15.1	29.8	5.0	13.2	3.1	18.4
MHS Average	3,467,507	26.4	11.7	37.1	27.0	15.9	10.5	12.3	23.3	7.3	12.5	2.2	16.7

Population:

Beneficiaries who received some care from a MTF but most of their care from a CTF during the 12 months preceding their survey response

Sample size: 3,079

Survey question: 56

What the exhibit shows:

- Why patients who reported getting most of their care from a civilian facility chose to do so
- How findings vary across catchment areas

Findings:

In Region 2, 24 percent of patients reported that they had never tried to use a MTF. Other frequently cited reasons for not receiving care at a military facility are the difficulty of making appointments at a MTF (34 percent), the higher quality of care at civilian facilities (30 percent), and the distance to a MTF (28 percent).

In most catchment areas, the difficulty of making an appointment at a MTF is the most commonly cited barrier to MTF use. At NH Camp Lejeune and Fort Lee, the most common reason is that the services needed are not available. For people outside of a catchment area, the distance from a MTF is the most common barrier (69 percent).

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Chapter

4

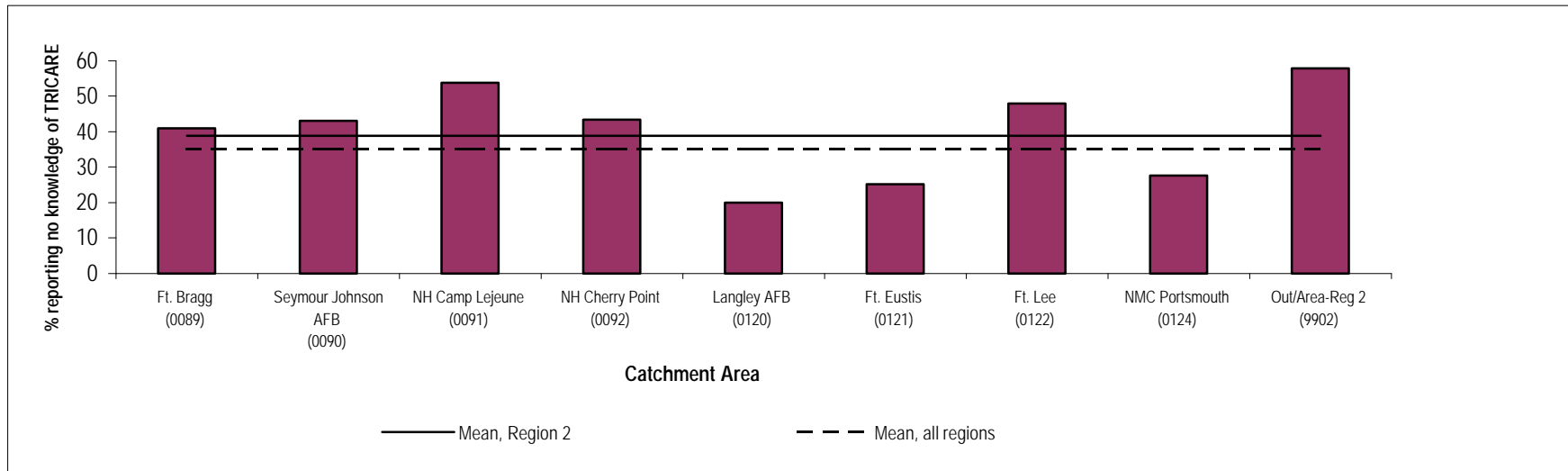
Knowledge of TRICARE and TRICARE Prime

This chapter is designed to address the question, “How *knowledgeable* are beneficiaries about TRICARE, and what *sources of information* about TRICARE do beneficiaries use?” The HCSDB assesses beneficiary knowledge of TRICARE in three ways. First, it asks beneficiaries to assess the level of their knowledge about TRICARE using a 4-point scale ranging from *a great deal* to *nothing*. Second, it asks beneficiaries to rate the clarity of their information about TRICARE using a 5-point scale ranging from *very clear* to *very unclear*. Third, it asks beneficiaries to indicate the sources of their information about TRICARE.

The key findings are:

- Thirty nine percent of beneficiaries in Region 2 reported having no knowledge of TRICARE. The percentage of beneficiaries with no knowledge of TRICARE is lowest (20 to 28 percent) at Langley AFB, Fort Eustis, and NMC Portsmouth. The percentage is highest (54 to 58 percent) at NH Camp Lejeune and among beneficiaries who live outside of a catchment area.
- In Region 2, retirees, survivors, and their family members (47 to 49 percent) were more likely than active duty personnel and their family members (31 to 38 percent) to have unclear information about enrolling in TRICARE Prime. The percentage of active duty personnel with unclear information is highest (55 to 66 percent) at Fort Bragg, Fort Lee, and outside of a Region 2 catchment areas.
- In Region 2, beneficiaries who reported knowing at least a little about TRICARE most frequently cited the following as sources of information about TRICARE: information packages mailed to beneficiaries (48 percent), a military base newspaper (33 percent), and friends and neighbors (29 percent). This result applies to many of the individual catchment areas in Region 2 as well. Other commonly cited sources of information in some catchment areas are a TRICARE presentation and a visit to the TRICARE service center.

4.1 Beneficiaries' Levels of Knowledge of TRICARE, by Catchment Area



Population:

All beneficiaries

Sample size: 5,219

Vertical axis:

The percent of the sample reporting no knowledge of TRICARE

Survey question: 71

What the exhibit shows:

- What percent of beneficiaries in the MHS and in Region 2 have no knowledge of TRICARE
- How this percentage varies across catchment areas

Findings:

Thirty nine percent of beneficiaries in Region 2 reported having no knowledge of TRICARE. The percentage of beneficiaries with no knowledge of TRICARE is lowest (20 to 28 percent) at Langley AFB, Fort Eustis, and NMC Portsmouth. The percentage is highest (54 to 58 percent) at NH Camp Lejeune and among beneficiaries who live outside of a catchment area.

4.2 Percent of Beneficiaries in Each Catchment Area With Unclear Information about Enrolling in TRICARE Prime, by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary			
		Active Duty Personnel	Active Duty Family Members	Retirees, Survivors, and Family Under Age 65	Retirees, Survivors, and Family Age 65 or Over
Ft. Bragg (0089)	65,153	66.2	59.3	47.0	43.2
Seymour Johnson AFB (0090)	11,585	47.3	56.0	64.1	42.3
NH Camp Lejeune (0091)	29,623	47.7	57.6	66.8	48.8
NH Cherry Point (0092)	13,884	26.9	51.8	48.9	45.9
Langley AFB (0120)	29,982	25.1	18.2	37.0	35.6
Ft. Eustis (0121)	24,356	20.5	18.9	33.1	41.5
Ft. Lee (0122)	9,759	55.8	39.7	58.5	65.0
NMC Portsmouth (0124)	144,424	25.0	13.8	39.6	47.5
Out/Area-Reg 2 (9902)	39,762	54.5	45.3	68.2	52.5
Region 2 Overall	368,528	38.1	31.0	48.8	47.2
MHS Average	3,803,675	29.9	26.1	37.1	47.1

Population:

Beneficiaries reporting knowing at least a little about TRICARE

Sample size: 2,790

Survey question: 73a

What the exhibit shows:

- The percentage of beneficiaries that have unclear information about enrolling in TRICARE Prime
- How the findings vary by type of beneficiary
- How the findings vary across catchment areas

Findings:

Among beneficiaries in Region 2 who reported knowing at least a little about TRICARE, retirees, survivors, and their family members (47 to 49 percent) were more likely than active duty personnel and their family members (31 to 38 percent) to have unclear information about enrolling in TRICARE Prime.

The percentage of active duty personnel with unclear information about enrolling in TRICARE Prime is lowest (21 to 25 percent) at Fort Eustis, Langley AFB, and NMC Portsmouth. The percentage is highest (55 to 66 percent) at Fort Bragg, Fort Lee, and outside of Region 2 catchment areas.

4.3 Percent of Beneficiaries Reporting Selected Sources of Information about TRICARE, by Catchment Area

Catchment Area	Population	Sources of Information Used										
		TRICARE presentation	Information package	Military doctor	Civilian doctor	TRICARE information number	Military base newspaper	Regional newspaper	Friends and neighbors	TRICARE Service Center	Radio/TV	Other
Ft. Bragg (0089)	65,153	29.9	37.4	13.1	2.9	4.7	36.6	8.1	25.3	8.2	2.1	22.5
Seymour Johnson AFB (0090)	11,585	23.2	26.4	18.1	1.5	8.4	39.7	6.0	23.4	23.4	0.4	23.9
NH Camp Lejeune (0091)	29,623	23.2	40.7	11.6	1.1	7.4	26.5	7.1	30.0	11.9	0.4	43.9
NH Cherry Point (0092)	13,884	38.1	42.7	12.5	4.3	11.7	40.8	5.7	22.7	6.2	0.4	30.7
Langley AFB (0120)	29,982	39.6	46.0	16.8	1.9	19.8	44.0	8.6	26.4	33.6	1.1	23.7
Ft. Eustis (0121)	24,356	26.7	52.5	15.6	4.6	20.2	33.5	9.7	28.8	25.0	2.3	24.6
Ft. Lee (0122)	9,759	23.9	42.6	7.2	0.8	3.7	44.0	3.9	21.6	5.6	4.2	33.5
NMC Portsmouth (0124)	144,424	26.9	56.8	16.5	3.7	25.1	32.5	10.7	36.7	19.8	2.8	22.4
Out/Area-Reg 2 (9902)	39,762	9.6	43.2	7.0	2.6	5.2	21.1	5.5	11.1	5.7	1.0	43.4
Region 2 Overall	368,528	26.5	47.6	14.1	3.0	15.6	33.4	8.6	28.7	16.3	2.0	27.3
MHS Average	3,803,675	33.2	56.5	15.2	4.4	16.4	30.8	7.2	25.4	20.6	2.4	23.4

Population:

Beneficiaries reporting knowing at least a little about TRICARE

Sample size:

Survey question: 2,790

What the exhibit shows:

- The sources of information about TRICARE that beneficiaries use
- Which information sources are most commonly used in each catchment area

Findings:

In Region 2, beneficiaries who reported knowing at least a little about TRICARE most frequently cited the following as sources of information about TRICARE: information packages mailed to beneficiaries (48 percent), a military base newspaper (33 percent), and friends and neighbors (29 percent). This result applies to many of the individual catchment areas in Region 2 as well.

Other commonly cited sources of information in some catchment areas are a TRICARE presentation and a visit to the TRICARE service center. Beneficiaries who live outside of a catchment area were less likely than the average beneficiary in Region 2 to receive information through most sources.

Chapter

5

Source of Health Care

This chapter is designed to address the question, “What health care *services* do beneficiaries use, and what are the *sources* of those services?” The HCSDB asks about pharmacy use as well as sources of health care.

The key findings are:

- In Region 2, 9 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 36 percent of active duty family members; 37 percent of retirees, survivors, and family members under age 65; and 52 percent of retirees, survivors, and family members age 65 or over. The percentage of beneficiaries using a military pharmacy to fill a civilian prescription is highest at Seymour Johnson AFB and Fort Lee.
- In Region 2, 93 percent of active duty personnel use a MTF for their regular source of care, as do 70 percent of active duty family members. In contrast, this is true for only 32 percent of retirees and their family members under age 65, and 18 percent of retirees and their family members age 65 or over. The majority of these beneficiaries use a CTF instead. This pattern also appears in most catchment areas in Region 2.

5.1 Percent of Beneficiaries in Each Catchment Area Who Used a Military Pharmacy to Fill Prescriptions Written by a Civilian Provider, by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary			
		Active Duty Personnel	Active Duty Family Members	Retirees, Survivors, and Family Under Age 65	Retirees, Survivors, and Family Age 65 or Over
Ft. Bragg (0089)	113,254	8.6	31.4	41.0	59.2
Seymour Johnson AFB (0090)	21,061	12.7	39.0	49.0	61.0
NH Camp Lejeune (0091)	65,449	6.8	27.6	42.2	68.8
NH Cherry Point (0092)	25,893	11.0	30.2	44.8	66.6
Langley AFB (0120)	38,100	10.0	29.4	54.3	74.8
Ft. Eustis (0121)	33,446	15.1	27.3	40.9	70.2
Ft. Lee (0122)	19,376	17.7	40.5	37.3	60.6
NMC Portsmouth (0124)	206,070	8.6	47.1	49.4	63.1
Out/Area-Reg 2 (9902)	99,687	10.9	18.7	12.3	30.2
Region 2 Overall	622,335	9.2	36.4	37.2	51.6
MHS Average	6,094,167	9.1	24.1	26.7	41.0

Population:

All beneficiaries

Sample size: 5,219

Survey questions: 53

What the exhibit shows:

- Whether beneficiaries use military pharmacies to fill prescriptions written by civilian provider
- How usage varies by the type of beneficiary
- How findings vary across catchment areas

Findings:

In Region 2, 9 percent of active duty beneficiaries used a military pharmacy to fill a prescription written by a civilian provider. The same is true for 36 percent of active duty family members; 37 percent of retirees, survivors, and family members under age 65; and 52 percent of retirees, survivors, and family members age 65 or over.

Military pharmacies were most commonly used to fill civilian prescriptions at Seymour Johnson AFB and Fort Lee. In these catchment areas, all types of beneficiaries relied on military pharmacies at rates exceeding the Region 2 average. Military pharmacies were least commonly used to fill civilian prescriptions outside of Region 2 catchment areas.

5.2 Usual Source of Care for Beneficiaries Who Are Sick or Need Advice, by Catchment Area and by Type of Beneficiary

Catchment Area	Population	Type of Beneficiary											
		Active Duty Personnel			Active Duty Family Members			Retirees, Survivors, and Family Under Age 65			Retirees, Survivors, and Family Age 65 or Over		
		MTF	CTF	Other	MTF	CTF	Other	MTF	CTF	Other	MTF	CTF	Other
Ft. Bragg (0089)	98,661	96.8	1.8	1.4	84.6	15.4	0.0	49.4	47.7	2.8	27.9	69.9	2.2
Seymour Johnson AFB (0090)	18,954	100.0	0.0	0.0	73.4	21.6	5.1	46.3	50.9	2.8	30.8	64.5	4.6
NH Camp Lejeune (0091)	58,650	93.8	6.2	0.0	86.7	12.0	1.3	67.3	32.3	0.4	39.6	58.7	1.7
NH Cherry Point (0092)	22,908	97.3	1.4	1.4	84.7	13.7	1.5	61.5	38.5	0.0	30.2	67.9	1.9
Langley AFB (0120)	34,713	97.8	2.2	0.0	91.4	6.0	2.6	33.4	62.1	4.4	24.4	73.5	2.1
Ft. Eustis (0121)	30,653	93.9	6.1	0.0	77.1	21.6	1.3	34.2	61.9	3.9	23.8	72.3	3.8
Ft. Lee (0122)	16,770	96.6	3.4	0.0	82.6	17.4	0.0	41.1	56.1	2.8	22.0	75.6	2.4
NMC Portsmouth (0124)	185,415	91.3	5.8	2.9	53.7	40.6	5.6	31.0	66.4	2.7	23.3	71.5	5.2
Out/Area-Reg 2 (9902)	90,112	53.9	37.5	8.6	23.5	69.3	7.2	7.8	86.7	5.6	2.4	93.4	4.2
Region 2 Overall	556,836	93.1	5.2	1.7	69.6	27.3	3.2	32.1	64.4	3.5	17.5	78.7	3.8
MHS Average	5,509,387	90.4	6.8	1.1	70.6	25.2	2.3	27.7	64.1	4.3	14.9	73.1	7.1

Population:

Beneficiaries who reported having a usual source of care

Sample size: 4,767

Survey question: 31

What the exhibit shows:

- Types of facilities from which beneficiaries usually seek care
- How the usual source of care varies by the type of beneficiary
- How findings vary across catchment areas

Findings:

In Region 2, 93 percent of active duty personnel use a MTF for their regular source of care, as do 70 percent of active duty family members. In contrast, this is true for only 32 percent of retirees and their family members under age 65, and 18 percent of retirees and their family members age 65 or over. The majority of these beneficiaries use a CTF instead.

This pattern -- MTF use by active duty personnel and their family members and CTF use by retirees, survivors, and their family members -- also appears in most catchment areas in Region 2. However, at NH Camp Lejeune and NH Cherry Point, retirees, survivors, and family members under age 65 are more likely to use MTFs than CTFs. Outside of Region 2 catchment areas, the rate of CTF use exceeds the Region 2 average among all types of beneficiaries.

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Chapter

6

Use of Health Care

This chapter is designed to address the question, “How much health care do MHS beneficiaries use?” Although the HCSDB asked a number of questions about use of care, we report on the amount of care used in terms of a single indicator – the number of outpatient visits in the 12 months prior to the survey.

The key findings are:

- The percentage of MTF patients with six or more outpatient visits was highest at Fort Bragg and NH Camp Lejeune, and lowest at Langley AFB and outside of Region 2 catchment areas. The percentage of CTF patients with six or more outpatient visits was highest outside of Region 2 catchment areas and lowest at Seymour Johnson AFB.
- The percentage of MTF patients with no outpatient visits was highest outside of Region 2 catchment areas and lowest at NH Camp Lejeune. The percentage of CTF patients with no outpatient visits was highest at Fort Lee, and lowest at Fort Eustis and outside of Region 2 catchment areas.

6.1a Percent of Patients in Each Catchment Area Who Had Six or More Outpatient Visits in the Past Year, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
Ft. Bragg (0089)	102,720	32.8	22.6	44.2	53.4
Seymour Johnson AFB (0090)	19,326	34.8	23.4	30.0	34.4
NH Camp Lejeune (0091)	60,636	34.7	31.0	38.5	39.5
NH Cherry Point (0092)	23,724	32.1	14.2	37.8	46.3
Langley AFB (0120)	35,450	29.8	28.3	17.6	34.3
Ft. Eustis (0121)	30,799	29.7	26.3	26.4	50.8
Ft. Lee (0122)	17,707	22.0	12.9	35.1	45.7
NMC Portsmouth (0124)	182,550	35.3	32.1	31.1	39.7
Out/Area-Reg 2 (9902)	88,914	19.8	42.6	18.2	45.5
Region 2 Overall	561,826	33.0	28.7	31.8	43.7
MHS Average	5,539,478	33.1	28.4	26.1	47.3

Population:

Patients who received some care at a MTF or CTF during the 12 months preceding their survey response

Sample size: 4,820

Survey questions: 46 and 61

What the exhibit shows:

- The percent of patients who had six or more outpatient visits in the past year
- How the visit rates vary by enrollment status and source of care
- How findings vary across catchment areas

Findings:

In the 12 months preceding the survey, about one-third of TRICARE Prime enrollees in Region 2 had six or more outpatient visits, regardless of whether care was received at a MTF or CTF. In contrast, among non-enrollees, MTF patients (32 percent) were less likely than CTF patients (44 percent) to have six or more outpatient visits.

The percentage of MTF patients with six or more outpatient visits was highest at Fort Bragg and NH Camp Lejeune. In these catchment areas, both enrollees and non-enrollees were more likely than the average Region 2 MTF patient to have six or more outpatient visits. The percentage was lowest at Langley AFB and outside of Region 2 catchment areas.

CTF patients outside of catchment areas were more likely than the average Region 2 patient to have six or more outpatient visits. Those at Seymour Johnson AFB were least likely to have six or more visits.

6.1b Percent of Patients in Each Catchment Area Who Had No Outpatient Visits in the Past Year, by Enrollment Status and Source of Care

Catchment Area	Population	Enrolled in TRICARE Prime		Not Enrolled in TRICARE Prime	
		MTF	CTF	MTF	CTF
Ft. Bragg (0089)	102,720	5.3	22.9	9.4	4.6
Seymour Johnson AFB (0090)	19,326	12.2	15.4	15.5	10.7
NH Camp Lejeune (0091)	60,636	5.9	17.2	5.9	7.3
NH Cherry Point (0092)	23,724	6.7	35.7	12.2	7.2
Langley AFB (0120)	35,450	4.9	21.0	33.8	3.4
Ft. Eustis (0121)	30,799	6.0	8.8	28.0	4.2
Ft. Lee (0122)	17,707	5.7	27.4	14.2	10.0
NMC Portsmouth (0124)	182,550	9.7	17.1	24.3	10.8
Out/Area-Reg 2 (9902)	88,914	26.3	10.4	48.9	3.1
Region 2 Overall	561,826	7.8	18.7	22.6	6.5
MHS Average	5,539,478	9.5	17.9	30.6	5.2

Population:

Patients who received some care at a MTF or CTF during the 12 months preceding their survey response

Sample size: 4,820

Survey questions: 46 and 61

What the exhibit shows:

- The percent of patients who had no outpatient visits in the past year
- How the visit rates vary by enrollment status and source of care
- How findings vary across catchment areas

Findings:

In the 12 months preceding the survey, TRICARE Prime enrollees in Region 2 who used civilian facilities were more likely to have no outpatient visits (19 percent) than those who used military facilities (8 percent). In contrast, among non-enrollees, MTF patients (23 percent) were more likely than CTF patients (7 percent) to have no outpatient visits.

MTF patients living outside of catchment areas were more likely than the average Region 2 MTF patient to have six or more outpatient visits. In contrast, MTF patients at NH Camp Lejeune were less likely than the average MTF patient to have six or more visits.

CTF patients at Fort Lee were more likely than the average Region 2 patient to have no outpatient visits. Those at Fort Eustis and outside of Region 2 catchment areas were least likely to have six or more visits.

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Chapter

7

Use of Preventive Services

This chapter is designed to address the question, “How much, and what types of, *preventive health care* do beneficiaries use?” The HCSDB asked all beneficiaries whether they used each of the items in an extensive list of preventive health care services and how long ago the most recent use of care was.

The key findings are:

- Nearly all MHS beneficiaries (95 to 97 percent) had a blood pressure screening in the past two years, as did 95 to 97 percent of beneficiaries in Region 2. Both results exceed the civilian Healthy People 2000 goal of 90 percent. In every catchment area of Region 2, more than 90 percent of each type of beneficiary had a blood pressure screening in the past two years.
- In Region 2, beneficiaries enrolled in TRICARE Prime (65 to 77 percent) were less likely than non-enrollees (78 to 93 percent) to have had a cholesterol screening in the past five years. The Healthy People 2000 goal for adults is 75 percent. The percentage of active duty enrollees who had a cholesterol screening in the past five years is lowest (54 percent) at NH Cherry Point and highest (84 to 86 percent) at Fort Bragg, Fort Eustis and Fort Lee.
- In Region 2, 85 percent of female beneficiaries age 50 or over had a breast cancer screening in the past two years. This result exceeds the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent. The percentage of female beneficiaries age 50 or over who had a breast cancer screening in the past two years ranges from 78 percent at NH Camp Lejeune to 90 percent at NH Cherry Point.
- In Region 2, female beneficiaries age 65 or over who were not enrolled in TRICARE Prime (80 percent) were less likely than other types of beneficiaries (90 to 93 percent) to have had a Pap smear in the past three years. All of these results exceed the Healthy People 2000 goal for adults (75 percent) and the civilian benchmark of 56 percent.
- Eighty percent of the female beneficiaries in Region 2 who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result is lower than the Healthy People 2000 goal of 90 percent, but comparable with the 76 to 84 percent observed in the civilian sector.
- In Region 2, between 56 and 83 percent of male beneficiaries age 50 or over had a prostate screening in the past two years. The American Cancer Society recommends an annual prostate exam for men age 50 or over.

7.1 Percent of Beneficiaries in Each Catchment Area Who Had Blood Pressure Readings Within the Past Two Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Ft. Bragg (0089)	113,254	93.2	97.9	95.9	97.4
Seymour Johnson AFB (0090)	21,061	98.9	98.0	95.1	97.1
NH Camp Lejeune (0091)	65,449	95.9	96.2	97.0	96.2
NH Cherry Point (0092)	25,893	97.8	95.9	95.2	98.3
Langley AFB (0120)	38,100	99.1	97.5	96.1	97.4
Ft. Eustis (0121)	33,446	94.6	95.5	93.6	98.6
Ft. Lee (0122)	19,376	97.5	92.9	93.5	98.9
NMC Portsmouth (0124)	206,070	93.9	97.1	96.2	95.9
Out/Area-Reg 2 (9902)	99,687	97.4	95.0	95.8	97.1
Region 2 Overall	622,335	94.9	96.8	95.8	97.0
MHS Average	6,094,167	97.0	96.3	95.2	97.4

Population:

All beneficiaries

Sample size: 5,219**Survey question:** 12**What the exhibit shows:**

- Percentage of beneficiaries who had a blood pressure reading in the past two years
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

Nearly all MHS beneficiaries (95 to 97 percent) had a blood pressure screening in the past two years, as did 95 to 97 percent of beneficiaries in Region 2. Both results exceed the civilian Healthy People 2000 goal of 90 percent.

In every catchment area of Region 2, more than 90 percent of each type of beneficiary had a blood pressure screening in the past two years.

7.2 Percent of Beneficiaries in Each Catchment Area Who Had a Cholesterol Screening Within the Past Five Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Ft. Bragg (0089)	113,254	84.3	69.4	78.9	93.7
Seymour Johnson AFB (0090)	21,061	77.9	69.2	79.5	89.2
NH Camp Lejeune (0091)	65,449	62.1	41.9	69.5	91.6
NH Cherry Point (0092)	25,893	53.6	59.0	77.5	95.4
Langley AFB (0120)	38,100	79.8	64.3	84.5	93.1
Ft. Eustis (0121)	33,446	86.1	73.4	83.2	93.3
Ft. Lee (0122)	19,376	84.4	68.3	84.3	92.7
NMC Portsmouth (0124)	206,070	79.7	63.7	73.2	92.0
Out/Area-Reg 2 (9902)	99,687	79.9	80.2	82.8	92.6
Region 2 Overall	622,335	76.5	64.9	78.3	92.6
MHS Average	6,094,167	78.2	72.6	81.1	93.0

Population:

All beneficiaries

Sample size: 5,219

Survey question: 13

What the exhibit shows:

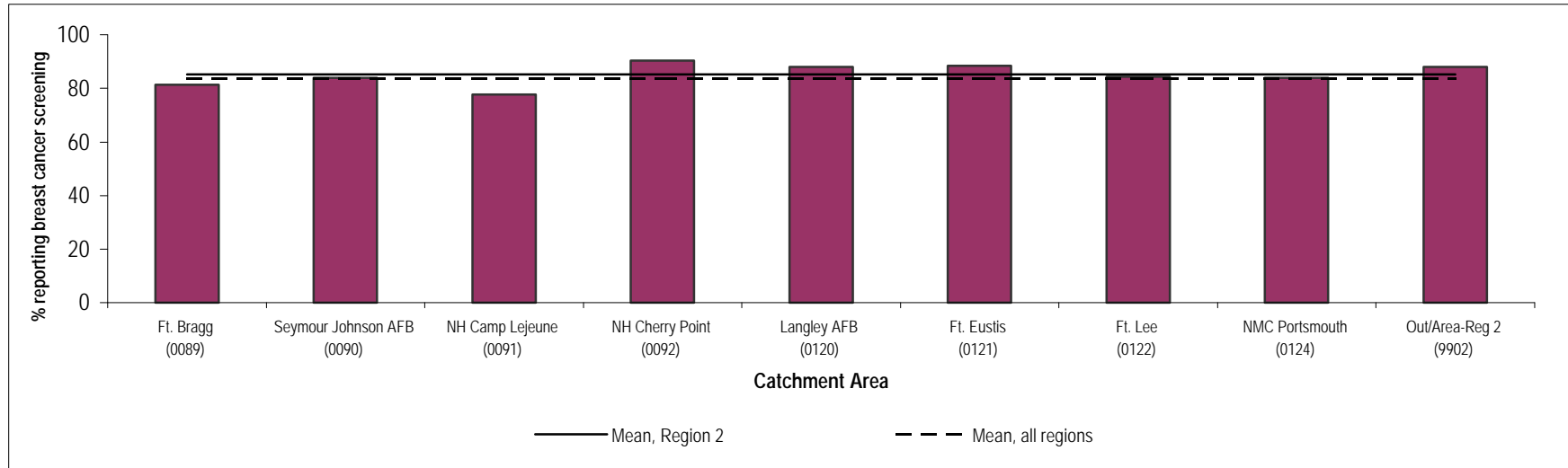
- Percentage of beneficiaries who had a cholesterol screening in the past five years
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

In Region 2, beneficiaries enrolled in TRICARE Prime (65 to 77 percent) were less likely than non-enrollees (78 to 93 percent) to have had a cholesterol screening in the past five years. The Healthy People 2000 goal for adults is 75 percent.

The percentage of active duty enrollees who had a cholesterol screening in the past five years is lowest (54 percent) at NH Cherry Point. The percentage is highest (84 to 86 percent) at Fort Bragg, Fort Eustis and Fort Lee. More than 90 percent of non-enrollees age 65 or over had such a screening in every catchment area except Seymour Johnson AFB (89 percent).

7.3 Breast Cancer Screening


Population:

Female beneficiaries age 50 or over

Sample size: 1,391

Vertical axis:

The percent of the sample that was "checked by mammography or other X-ray-like procedure" during the two years preceding their survey response

Survey question: 26

What the exhibit shows:

- Percentage of female beneficiaries over age 50 who have had a mammogram or other X-ray-like procedure for breast cancer screening in the past two years
- How the findings vary across catchment areas

Findings:

In Region 2, 85 percent of female beneficiaries age 50 or over had a breast cancer screening in the past two years. This result is comparable with the MHS average of 84 percent. Both results exceed the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent.

The percentage of female beneficiaries age 50 or over who had a breast cancer screening in the past two years ranges from 78 percent at NH Camp Lejeune to 90 percent at NH Cherry Point.

7.4 Percent of Female Beneficiaries in Each Catchment Area Who Had a Pap Smear Within the Past Three Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Ft. Bragg (0089)	55,297	93.9	96.3	90.7	73.3
Seymour Johnson AFB (0090)	11,338	91.3	91.2	85.3	83.9
NH Camp Lejeune (0091)	27,271	100.0	90.8	94.1	85.5
NH Cherry Point (0092)	10,831	100.0	97.9	87.5	91.8
Langley AFB (0120)	21,723	100.0	90.0	91.5	83.2
Ft. Eustis (0121)	18,645	100.0	98.5	88.6	83.6
Ft. Lee (0122)	8,661	100.0	89.9	92.9	80.7
NMC Portsmouth (0124)	97,588	77.0	90.0	90.4	76.2
Out/Area-Reg 2 (9902)	47,168	100.0	90.7	88.1	80.5
Region 2 Overall	298,522	89.7	92.5	90.0	79.6
MHS Average	3,013,030	96.0	91.2	85.5	80.3

Population:

All female beneficiaries

Sample size: 2,650**Survey question:** 24**What the exhibit shows:**

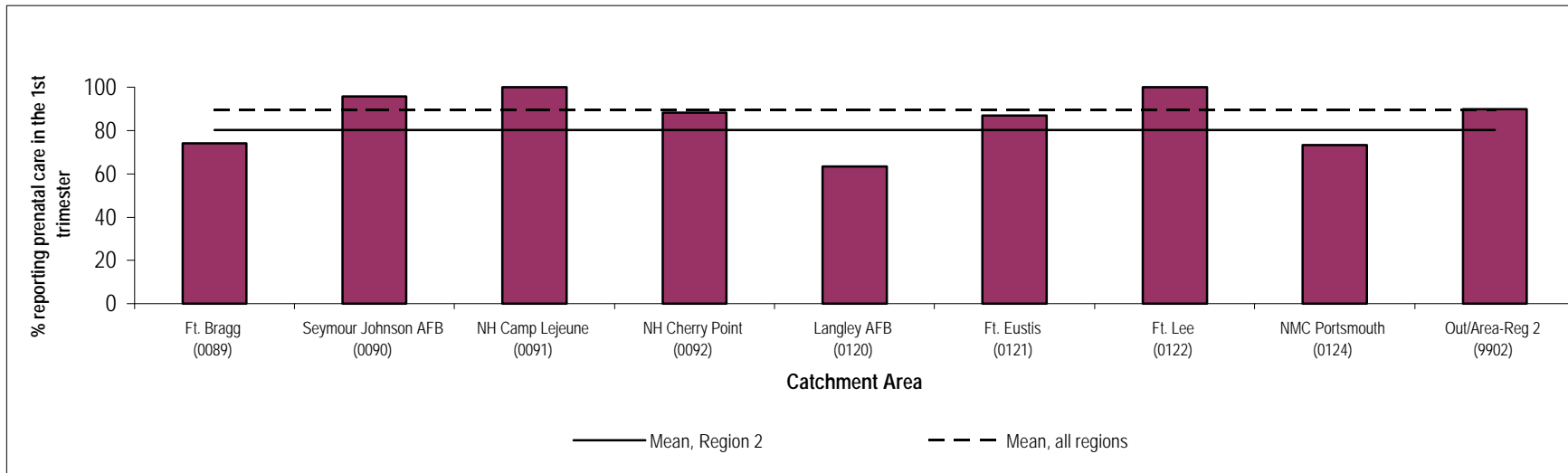
- Percentage of female beneficiaries who have had a Pap smear within three years of their survey response
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

In Region 2, female beneficiaries age 65 or over who were not enrolled in TRICARE Prime (80 percent) were less likely than other types of beneficiaries (90 to 93 percent) to have had a Pap smear in the past three years. All of these results exceed the Healthy People 2000 goal for adults (75 percent) and the civilian benchmark of 56 percent.

The sample of female active duty enrollees in Region 2 is too small to yield accurate estimates for individual catchment areas.

7.5 Timing of First Prenatal Care



Population:

Female beneficiaries who were pregnant when they responded to the survey or during the 12 preceding months

Sample size: 185

Vertical axis:

The percent of the sample who reported having received care for their pregnancy from a doctor or other health professional during the first trimester

Survey question: 29

What the exhibit shows:

- Percentage of pregnant beneficiaries who reported having received prenatal care at some point in the first trimester
- How findings vary across catchment areas

Findings:

Eighty percent of the female beneficiaries in Region 2 who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result is lower than both the Healthy People 2000 goal of 90 percent and the MHS average of 89 percent. In the civilian sector, between 76 and 84 percent of pregnant women receive prenatal care in the first trimester.

The sample of women who were pregnant at some point during the year preceding the survey is too small to yield accurate estimates for individual catchment areas.

7.6 Percent of Male Beneficiaries Age 50 or Over in Each Catchment Area Who Had a Prostate Screening Within the Past Two Years, by Enrollment Status

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Ft. Bragg (0089)	13,187	0.0	81.2	74.8	91.9
Seymour Johnson AFB (0090)	4,254	0.0	82.4	77.4	85.5
NH Camp Lejeune (0091)	4,824	0.0	81.3	74.8	82.7
NH Cherry Point (0092)	3,079	0.0	77.7	76.4	89.7
Langley AFB (0120)	6,403	100.0	85.9	81.8	86.6
Ft. Eustis (0121)	5,457	0.0	75.0	86.4	83.4
Ft. Lee (0122)	3,981	100.0	100.0	62.5	86.2
NMC Portsmouth (0124)	23,724	100.0	76.4	60.9	83.3
Out/Area-Reg 2 (9902)	39,994	62.5	87.8	74.1	80.2
Region 2 Overall	104,904	56.0	82.8	71.8	83.3
MHS Average	1,497,312	68.9	75.1	72.5	84.3

Population:

Male beneficiaries age 50 or over

Sample size: 1,463

Survey question: 23

What the exhibit shows:

- Percentage of male beneficiaries age 50 or over who had a prostate screening within two years of their survey response
- How the findings vary by enrollment status and type of enrollee
- How findings vary across catchment areas

Findings:

In Region 2, between 56 and 83 percent of male beneficiaries age 50 or over had a prostate screening in the past two years. Active duty men enrolled in TRICARE Prime were the least likely to have had such a screening (56 percent), while non-enrollees age 65 or over were the most likely (83 percent). The American Cancer Society recommends an annual prostate exam for men age 50 or over.

The sample of male TRICARE Prime enrollees age 50 or over is too small to yield accurate estimates for individual catchment areas.

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Chapter

8

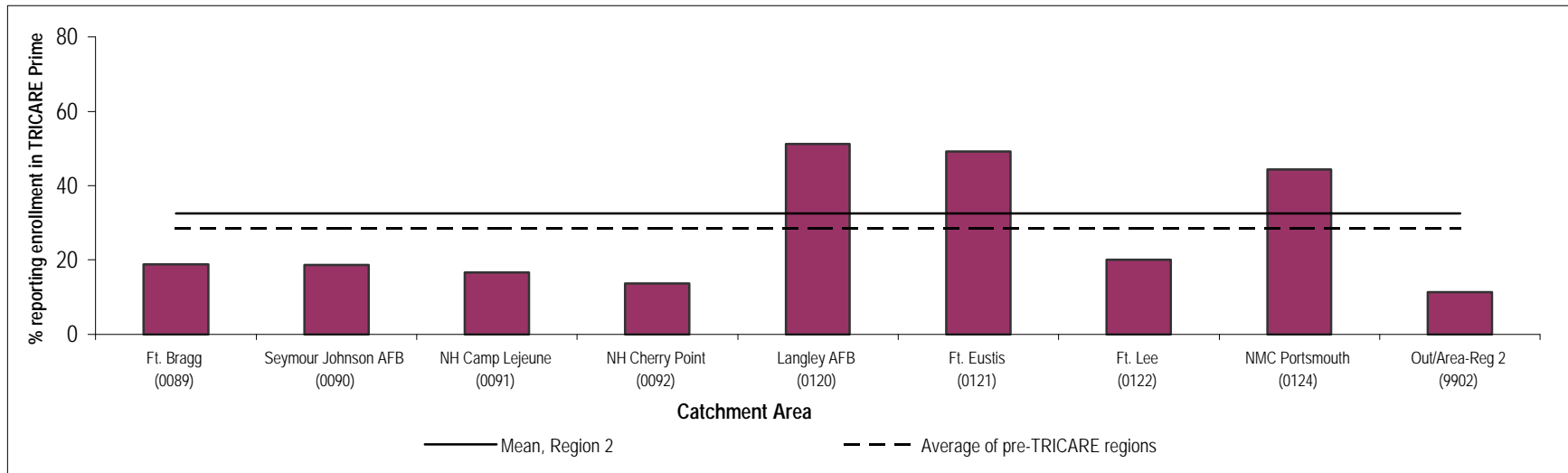
Enrollment and Beneficiary Health Status

This chapter presents findings on two key beneficiary characteristics – enrollment in TRICARE Prime and health status. Health status is based on a battery of 12 questions called the SF-12, which was developed by the Medical Center of New England under a grant from the Henry J. Kaiser Foundation. From the 12 questions, we computed two overall scores for each beneficiary – the composite physical health score and the composite mental health score. Only the former is reported here, and we compared the scores of MHS beneficiaries to the median score for the U.S. population for six age groups (18-34, 35-44, 45-54, 55-64, 65-74, 75+). Here, we report on the percentage of beneficiaries whose composite physical health score is lower than the national median score for their age.

The key findings are:

- Of the beneficiaries in Region 2 who reported knowing at least a little about TRICARE, 32 percent are enrolled in TRICARE Prime. The level of enrollment in TRICARE Prime is highest (44 to 51 percent) at Langley AFB, Fort Eustis and NMC Portsmouth. In all other catchment areas, the level of enrollment in TRICARE Prime is less than 20 percent.
- In Region 2, between 44 and 55 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. The result of 44 percent among active duty beneficiaries indicates that this group is somewhat healthier than civilians of the same age. Active duty enrollees at Fort Bragg and Fort Eustis tend to be less healthy than the average active duty enrollee in Region 2, while those at NH Camp Lejeune and NMC Portsmouth tend to be healthier than the average active duty enrollee.

8.1 Enrollment in TRICARE Prime



Population:

Beneficiaries who reported knowing at least a little about TRICARE

Sample size: 2,790

Vertical axis:

The percent of the sample enrolled in TRICARE Prime as of the time of their survey response

Survey question: 76

What the exhibit shows:

- The proportion of beneficiaries in each catchment area who are enrolled in TRICARE Prime
- How findings for catchment areas in Region 2 compare to the average for Region 2 and to the average for all pre-TRICARE regions

Findings:

Of the beneficiaries in Region 2 who reported knowing at least a little about TRICARE, 32 percent are enrolled in TRICARE Prime. This is slightly higher than the level of enrollment in the average pre-TRICARE region (28 percent). Pre-TRICARE regions (1, 2, 5, Alaska, and Europe) are those that began to implement TRICARE after November 1997.

The level of enrollment in TRICARE Prime is highest (44 to 51 percent) at Langley AFB, Fort Eustis and NMC Portsmouth. In all other catchment areas, the level of enrollment in TRICARE Prime is less than 20 percent.

8.2 Percent of Beneficiaries in Each Catchment Area With a Composite Physical Health Score Below the Median Score for the Age Group

Catchment Area	Population	Enrollment Status			
		Enrolled Active Duty	Enrolled Non-Active Duty	Not Enrolled Under Age 65	Not Enrolled Age 65 or Over
Ft. Bragg (0089)	113,254	53.2	60.8	60.9	51.4
Seymour Johnson AFB (0090)	21,061	50.2	56.6	60.8	60.2
NH Camp Lejeune (0091)	65,449	39.1	55.3	56.7	49.1
NH Cherry Point (0092)	25,893	45.5	47.8	52.2	57.1
Langley AFB (0120)	38,100	44.6	51.9	49.7	49.1
Ft. Eustis (0121)	33,446	53.7	54.3	45.9	48.2
Ft. Lee (0122)	19,376	48.2	46.4	64.4	64.3
NMC Portsmouth (0124)	206,070	39.1	56.3	51.3	44.1
Out/Area-Reg 2 (9902)	99,687	48.1	45.7	53.3	51.9
Region 2 Overall	622,335	44.1	55.2	54.2	50.5
MHS Average	6,094,167	43.3	54.3	54.0	51.5

Population:

All beneficiaries

Sample size: 5,219

Survey questions: 1-7

What the exhibit shows:

- The proportion of beneficiaries in each catchment area whose composite physical health score falls below the median score for the age group
- How the findings vary by enrollment status and type of enrollee

Findings:

In Region 2, between 44 and 55 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. A result near 50 percent means that, in terms of health status, beneficiaries in Region 2 are comparable to their counterparts in the civilian population. The result of 44 percent among active duty beneficiaries indicates that this group is somewhat healthier than civilians of the same age.

Active duty enrollees at Fort Bragg and Fort Eustis tend to be less healthy than the average active duty enrollee in Region 2, while those at NH Camp Lejeune and NMC Portsmouth tend to be healthier than the average active duty enrollee.

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Chapter

9

Performance Improvement Plan

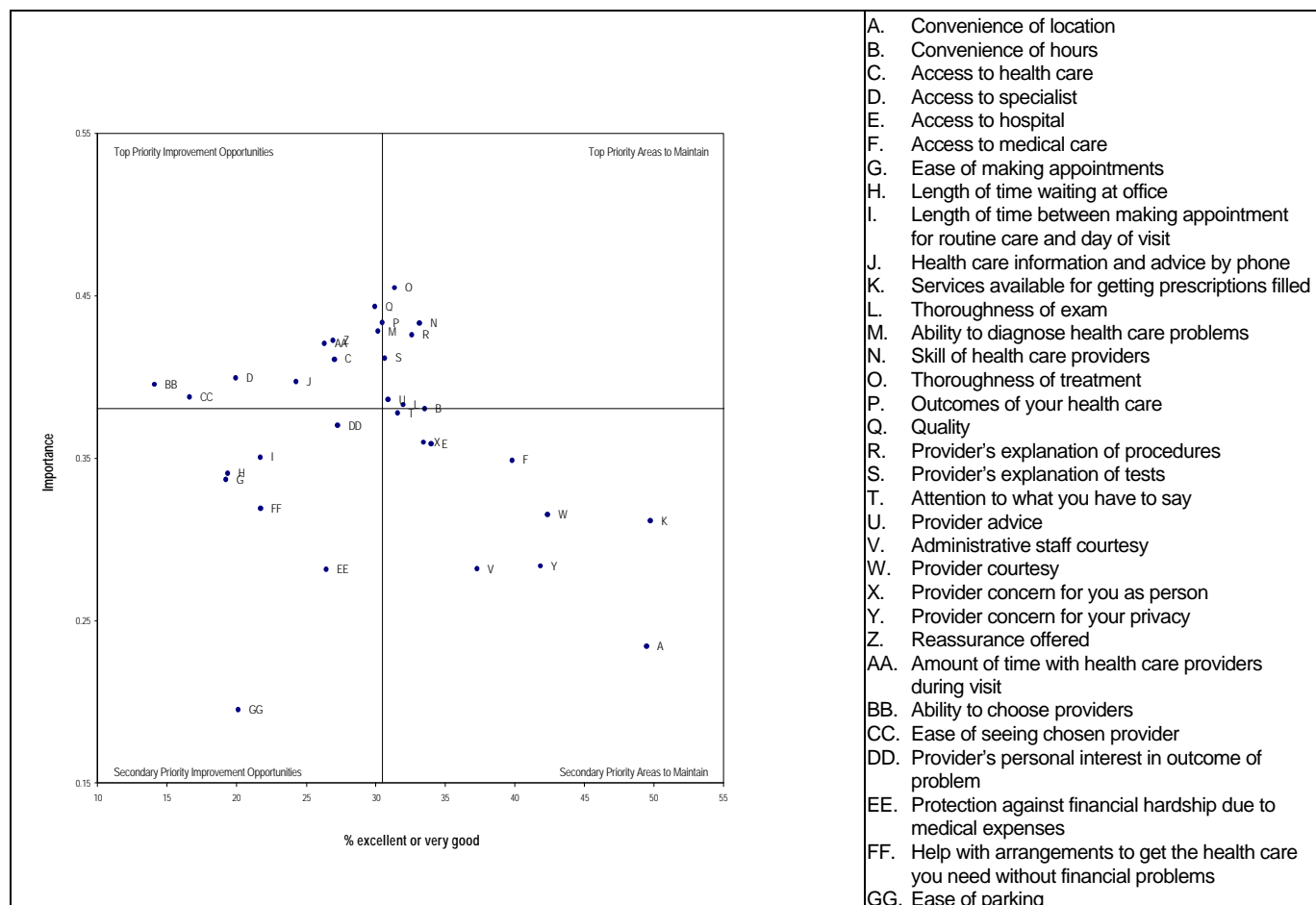
This chapter contains a series of Performance Improvement Plans, one for each catchment area in Region 2. The purpose of each Performance Improvement Plan is to summarize the responses to numerous satisfaction questions in the HCSDB so that the patterns underlying these responses are more easily seen. These patterns help to identify key aspects of services or care that most influence beneficiary satisfaction in the catchment area.

Each point in the Performance Improvement Plan represents one of the questions about satisfaction with military health care, Questions 52a-gg. For example, point H represents satisfaction with the length of time the beneficiary waits in the provider's office. The "importance" score in the figure is the correlation of overall satisfaction with ratings of these individual aspects of health care service. (A correlation was developed for each item.) For example, the correlation for office waiting time would indicate how "important" office waiting time is in determining the respondent's overall satisfaction with military care. Each specific aspect of health care, such as office waiting time, is a component of overall health care. Overall satisfaction with health care is a combination of the satisfaction ratings of individual components. The closer a point is to the top of the figure, the more important that component is in determining overall satisfaction with military health care.

The intersection of a service's importance and satisfaction value defines a point on the grid. The middle values of importance and satisfaction determine the lines that divide the grid into four priority quadrants. Services above the horizontal line are of greater importance to the beneficiary than those below the horizontal line, and they are noteworthy for their contribution to overall satisfaction. Services that beneficiaries are less satisfied with lie to the left of the vertical line, and those they are more satisfied with lie to the right of the line.

The quadrants may be interpreted as follows:

- **Top priority improvement opportunities are in the top left quadrant.** These are specific aspects of health care with which beneficiaries are relatively dissatisfied and, at the same time, are important in determining overall satisfaction. These are the areas that offer the greatest opportunities for increasing overall beneficiary satisfaction.
- **Top priority areas to maintain are in the top right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied and that are important in determining overall satisfaction. These are current strengths of the catchment area.
- **Secondary priority improvement opportunities are in the bottom left quadrant.** Low importance in determining overall satisfaction and low beneficiary satisfaction characterize these aspects of health care. There may be a need for improvement, but these are lower priority items.
- **Secondary priority areas to maintain are in the bottom right quadrant.** These aspects of health care are characterized by low importance in determining overall satisfaction and high beneficiary satisfaction. These areas appear to be meeting beneficiaries' expectations.

Figure 9.1 Performance Improvement Plan for Ft. Bragg (0089)**Findings:**

The following aspects of military health care at Fort Bragg were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

Access to System Resources and Appointments

- Access to health care whenever you need it (C)
- Access to specialist if you need one (D)
- Availability of health care information or advice by phone (J)

Quality of Care

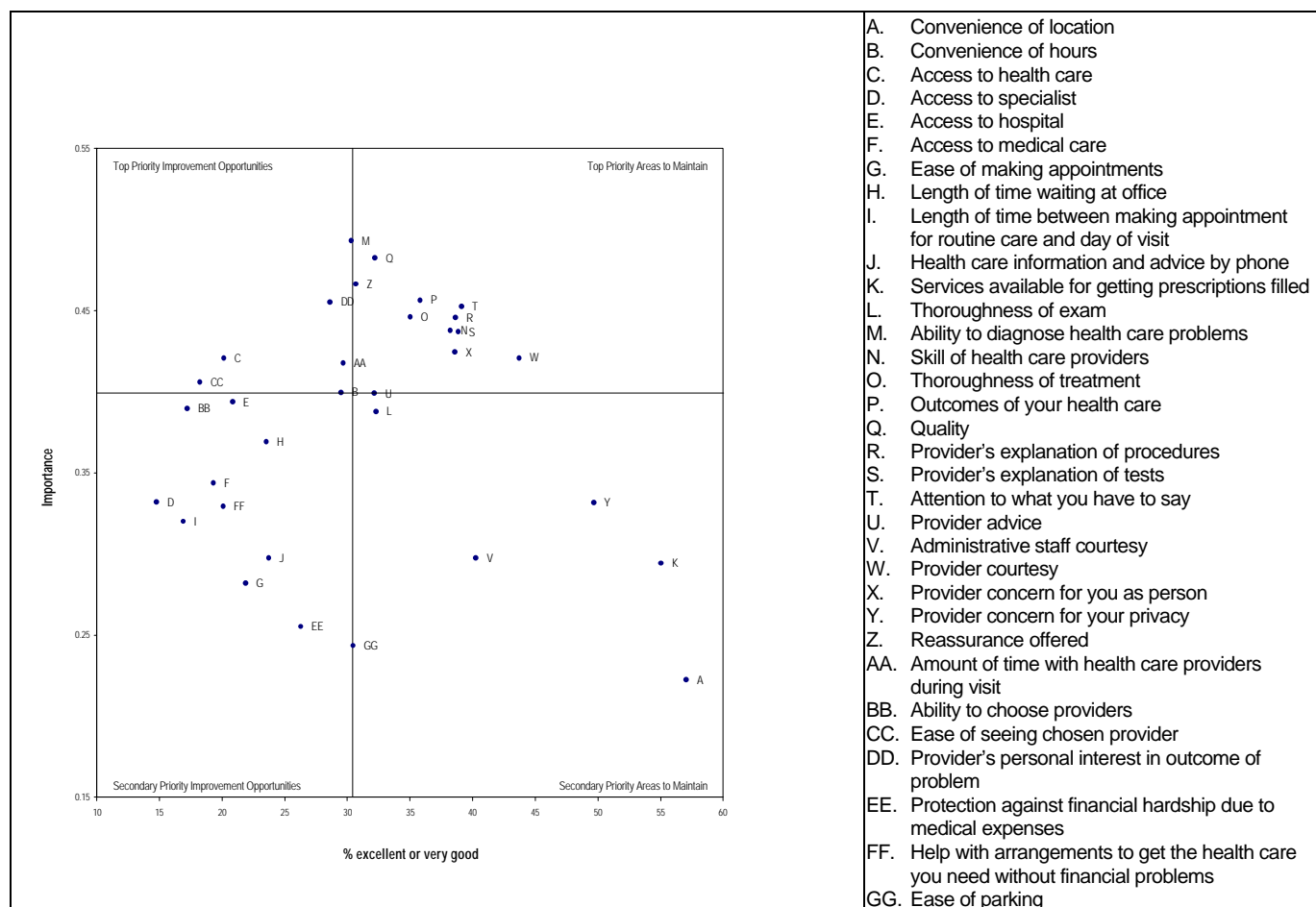
- Ability to diagnose your health care problems (M)
- The outcomes of your health care (how much you are helped) (P)
- Overall quality of health care (Q)

Concern Shown by Health Care Providers

- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)

Choice and Continuity of Care

- Ability to choose health care providers (BB)
- Ease of seeing the provider of your choice (CC)

Figure 9.2 Performance Improvement Plan for Seymour Johnson AFB (0090)**Findings:**

The following aspects of military health care at Seymour Johnson AFB were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

Access to System Resources and Appointments

- Convenience of hours (B)
- Access to health care whenever you need it (C)

Quality of Care

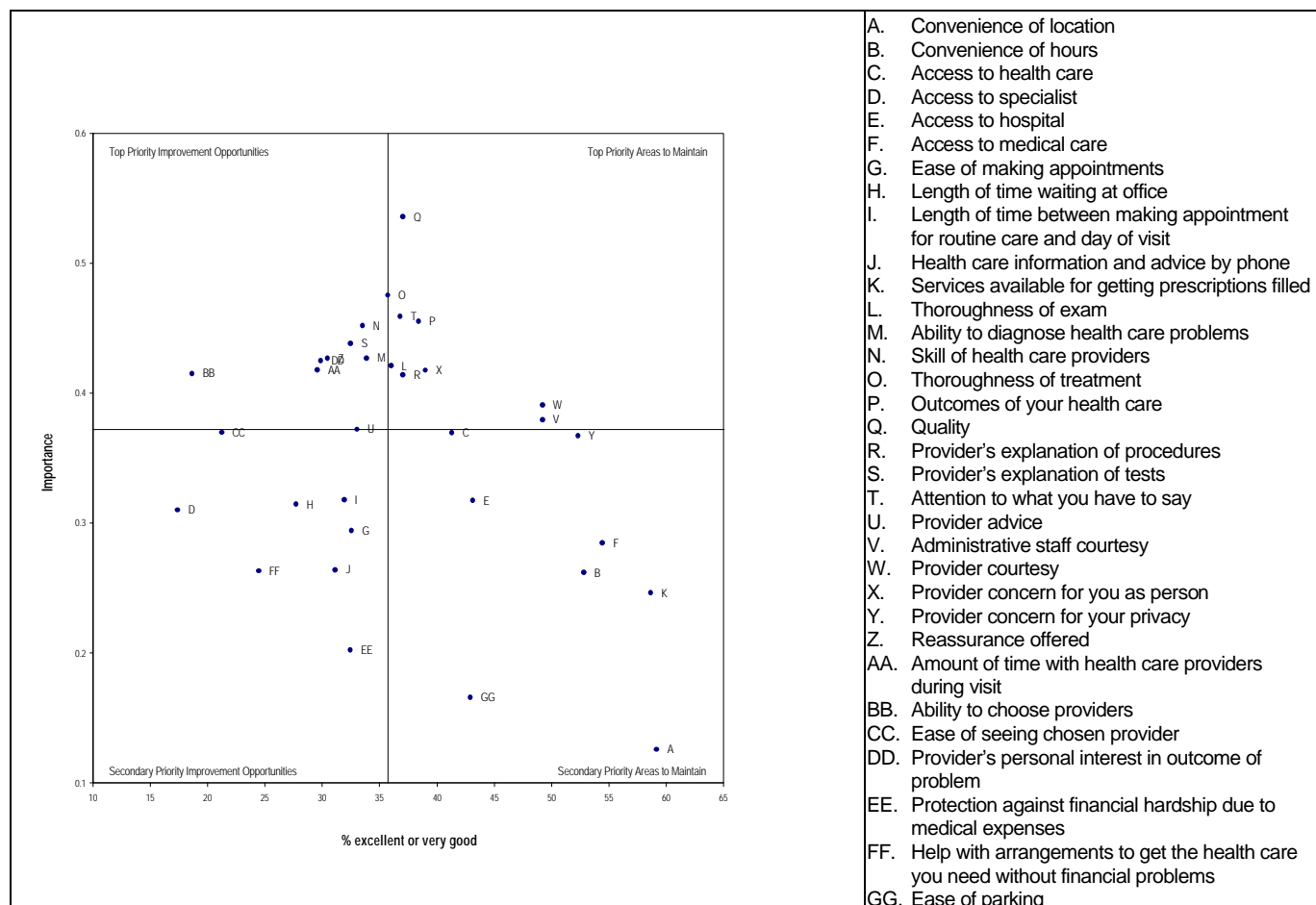
- Ability to diagnose your health care problems (M)

Concern Shown by Health Care Providers

- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

Choice and Continuity of Care

- Ease of seeing the provider of your choice (CC)

Figure 9.3 Performance Improvement Plan for NH Camp Lejeune (0091)**Findings:**

The following aspects of military health care at NH Camp Lejeune were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

Quality of Care

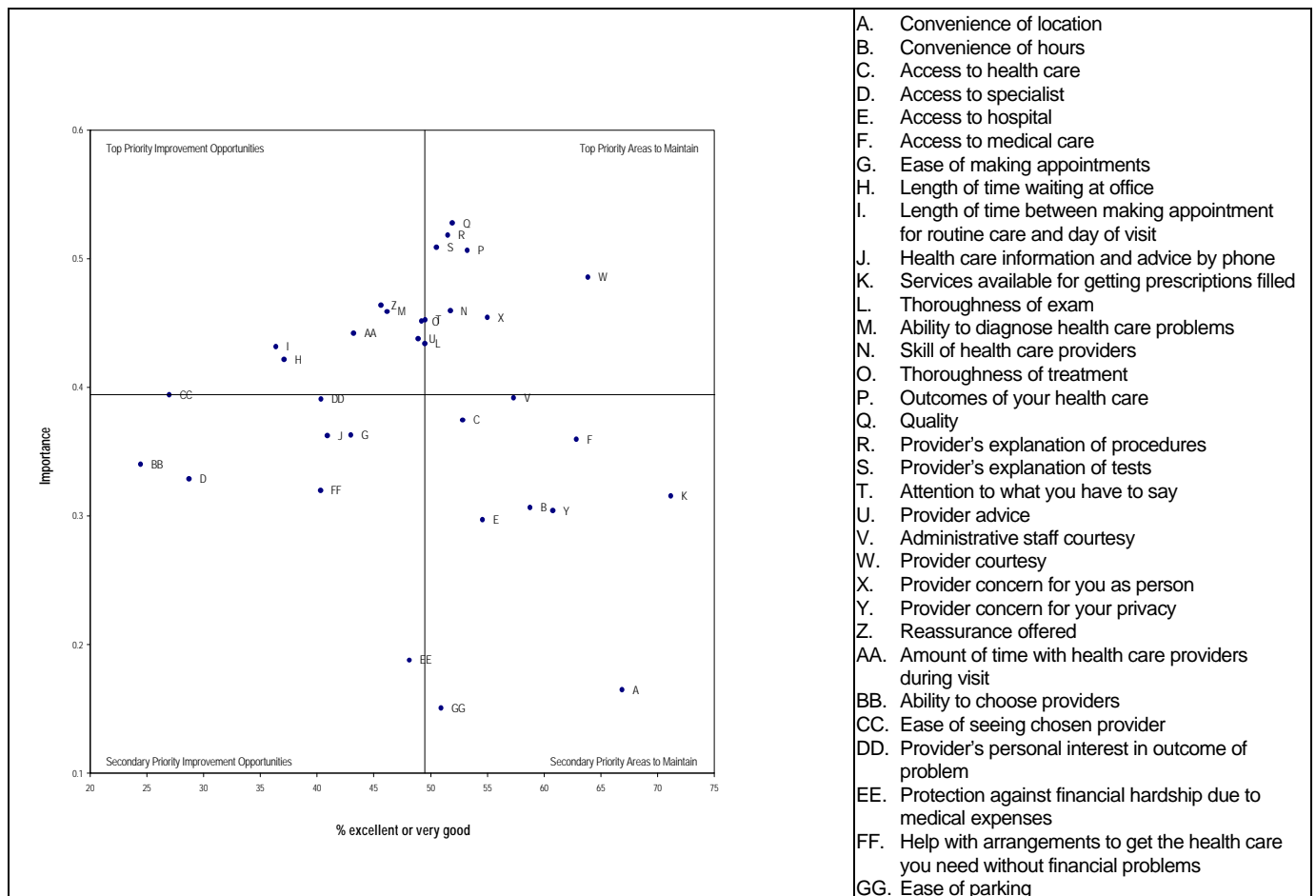
- Ability to diagnose your health care problems (M)
- Skill of health care providers (N)
- Thoroughness of treatment (O)
- Provider's explanation of medical tests (S)

Concern Shown by Health Care Providers

- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

Choice and Continuity of Care

- Ability to choose health care providers (BB)

Figure 9.4 Performance Improvement Plan for NH Cherry Point (0092)**Findings:**

The following aspects of military health care at NH Cherry Point were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

Access to System Resources and Appointments

- Length of time you wait at office to see the provider (H)
- Length of time between making an appointment for routine care and the day of your visit (I)

Quality of Care

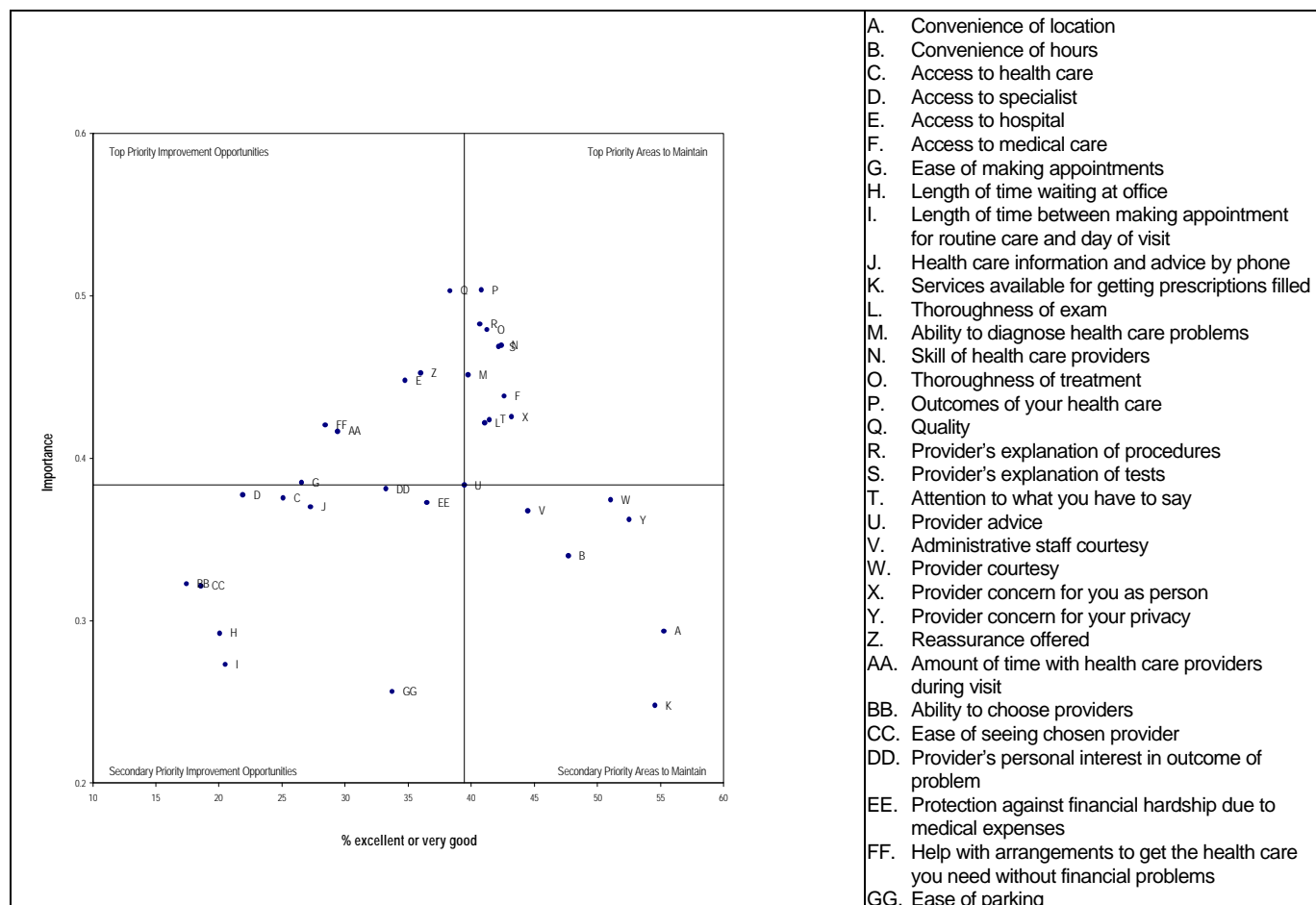
- Thoroughness of examination (L)
- Ability to diagnose your health care problems (M)
- Thoroughness of treatment (O)

Concern Shown by Health Care Providers

- Attention provider gives to what you have to say (T)
- Advice provider gives you about ways to avoid illness and stay healthy (U)
- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)

Choice and Continuity of Care

- Ease of seeing the provider of your choice (CC)

Figure 9.5 Performance Improvement Plan for Langley AFB (0120)**Findings:**

The following aspects of military health care at Langley AFB were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

Access to System Resources and Appointments

- Access to hospital care if you need it (E)
- Ease of making appointments for health care by phone (G)

Quality of Care

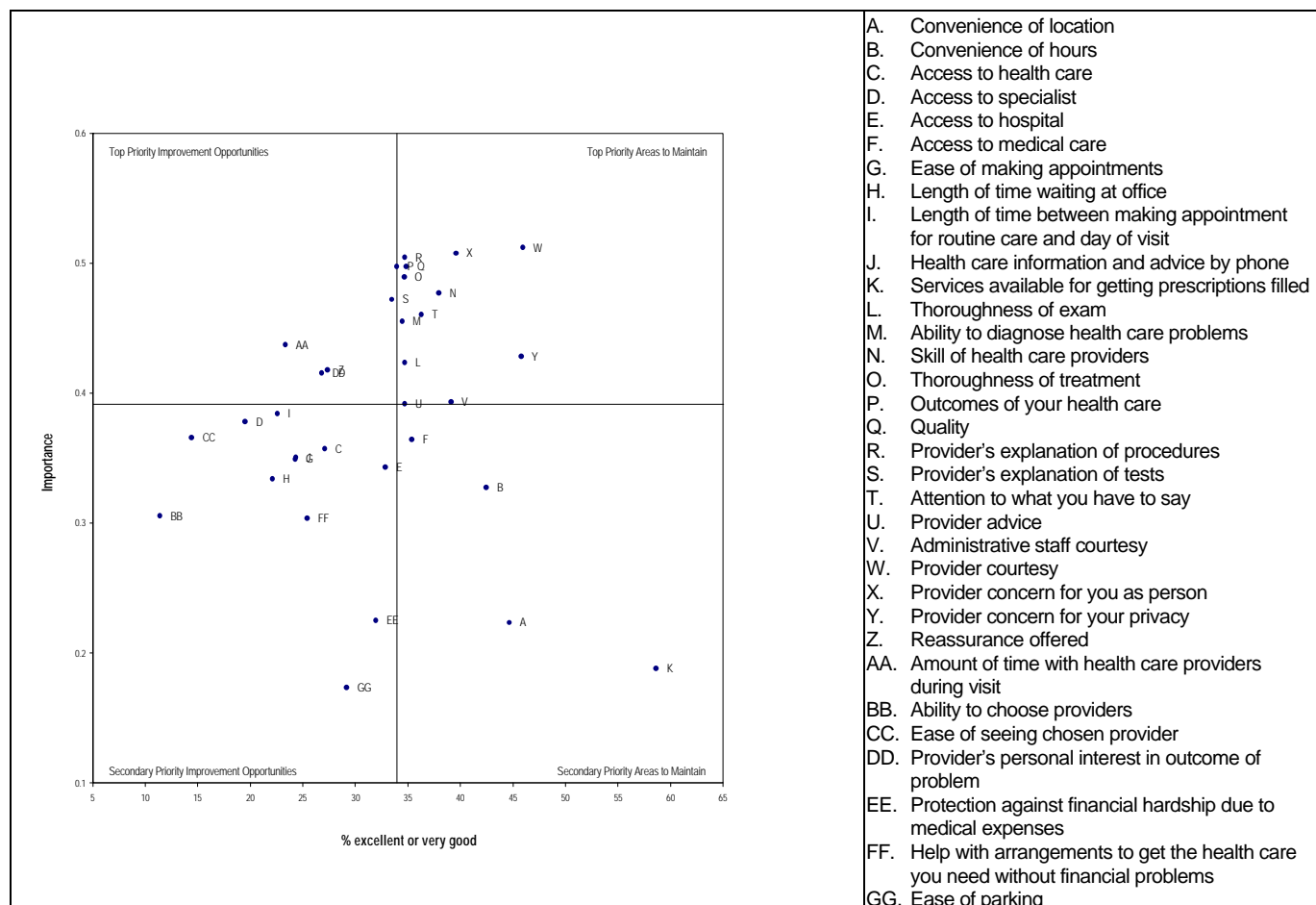
- Overall quality of health care (Q)

Concern Shown by Health Care Providers

- Advice provider gives you about ways to avoid illness and stay healthy (U)
- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)

Finances

- Help with arrangements to get the health care you need without financial problems (FF)

Figure 9.6 Performance Improvement Plan for Ft. Eustis (0121)**Findings:**

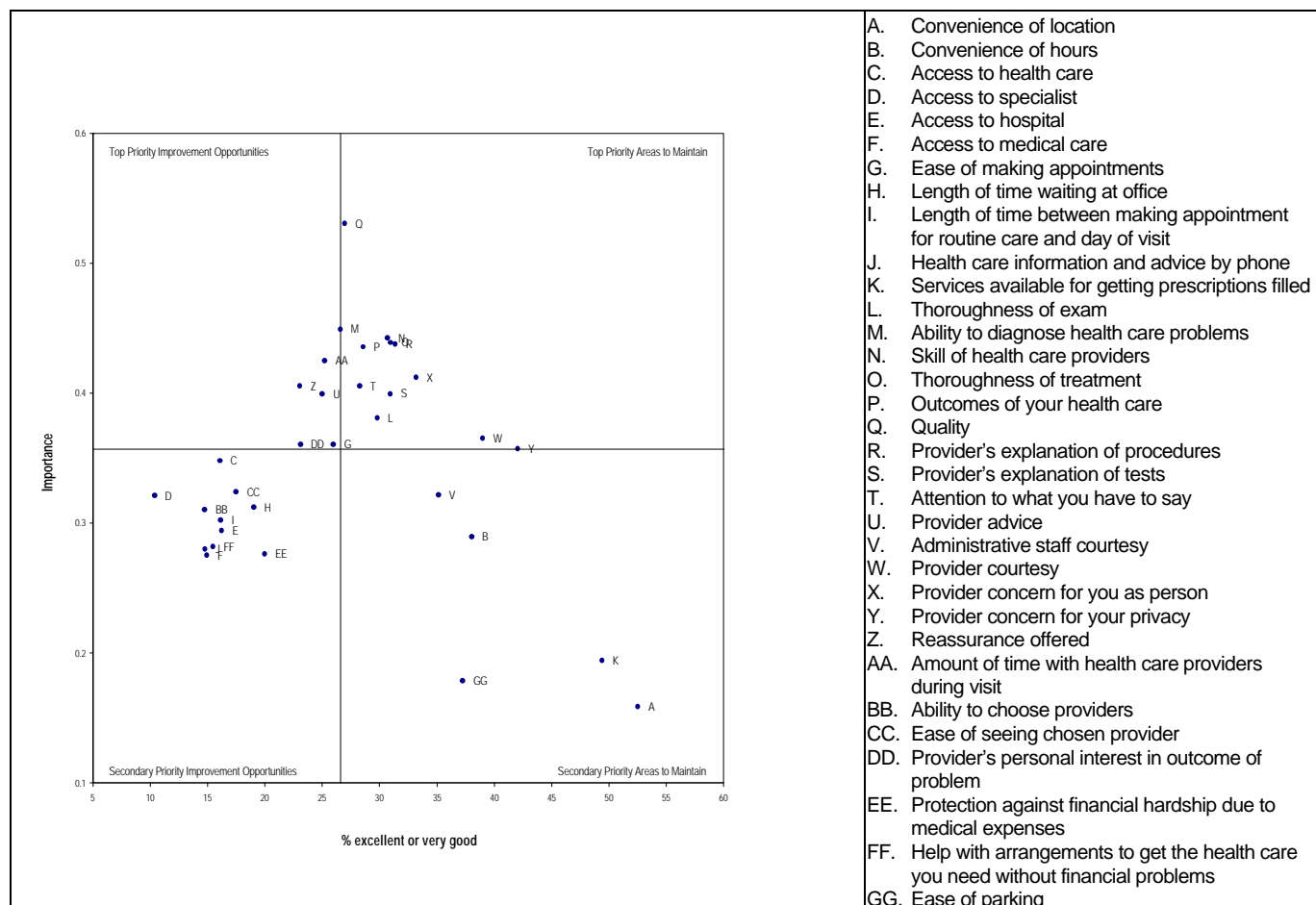
The following aspects of military health care at Fort Eustis were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into two categories, should be the focus of remedial action.

Quality of Care

- The outcomes of your health care (how much you are helped) (P)
- Provider's explanation of medical tests (S)

Concern Shown by Health Care Providers

- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

Figure 9.7 Performance Improvement Plan for Ft. Lee (0122)**Findings:**

The following aspects of military health care at Fort Lee were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into three categories, should be the focus of remedial action.

Access to System Resources and Appointments

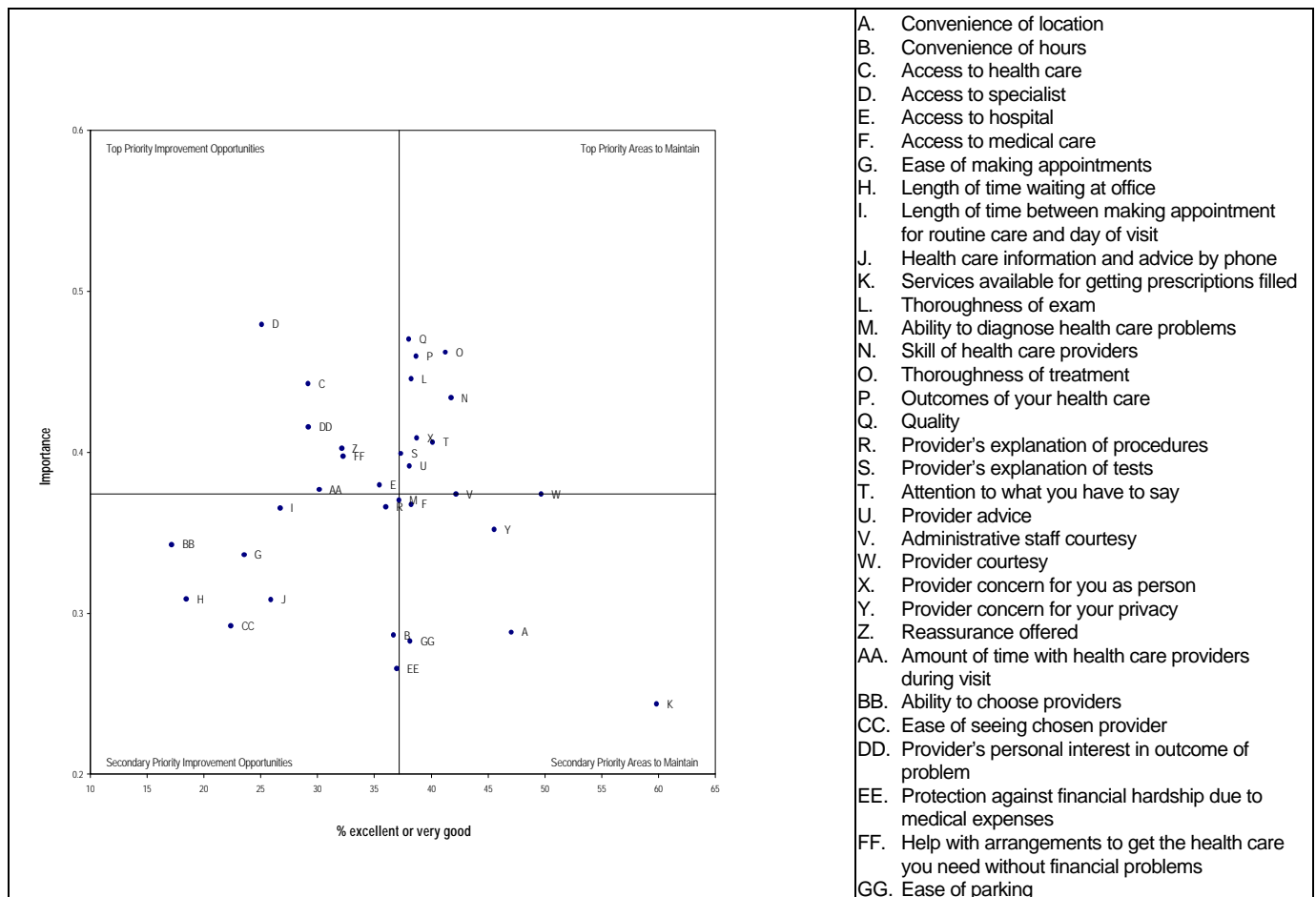
- Ease of making appointments for health care by phone (G)

Quality of Care

- Ability to diagnose your health care problems (M)

Concern Shown by Health Care Providers

- Advice provider gives you about ways to avoid illness and stay healthy (U)
- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

Figure 9.8 Performance Improvement Plan for NMC Portsmouth (0124)**Findings:**

The following aspects of military health care at NMC Portsmouth were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These aspects of care, which fall into four categories, should be the focus of remedial action.

Access to System Resources and Appointments

- Access to health care whenever you need it (C)
- Access to a specialist if you need one (D)
- Access to hospital care if you need it (E)

Quality of Care

- Provider's explanation of medical tests (S)

Concern Shown by Health Care Providers

- Reassurance and support offered to you by health care providers (Z)
- Amount of time spent with health care providers during a visit (AA)
- Health care providers' personal interest in the outcome of your problem (DD)

Finances

- Help with arrangements to get the health care you need without financial problems (FF)